MARGIN RESERVED FOR BINDING

Evidence	e fo	or c	hang	e of
first r	ame	is		
1. PLACE O	-		2	
City or town	(lf or	tside c	ity of tow	n limits,
How long in aho	ve nlace o	ol death	2 4	100

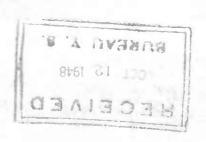
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# 10083

M NO. G	12	OMAY	17	1949CERTIFICATE	OF	DEATH
---------	----	------	----	-----------------	----	-------

1. PLACE OF DEATH:  County	City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2. (a) If veteran, name war.
3. (a) FULL NAME David Shoupson	adams 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, massled, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  19.48, 21.3 5 1.18
6.(b) Name of husband or wife  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days II less than one day hrs. min.  9. Birthplace (Town, cointy, and state)  10. Usual occupation.	21. I CERTIFY that death occurred on the date after stated; that I attended decreased from the state of the s
11. Industry or business  12. Name Chaplan Rowland C. Occlosus  13. Birthplace  14. Maiden name Chapland  15. Birthplace  16. Informant Rowland C. Occlosus  17. Name Chapland  18. Informant Rowland  18. Information Rowla	Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of an analysis of an analy
Address for the lade of the la	22. VIOLENCE: Il death was due to external causes, till in the following:  Accident, suicide, or homicide
18. Funeral director Address Park Park Park Park Park Park Park Park	23. SIGNATURE DIM Bate signed 10-11-Y8



PLEASE

SA

Treman

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10084

Reg. Dist. No. .

## CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)  State		
3. (a) FULL NAME/ Victor Adams J.	3. (b) Social Security Number 216-01-3835		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorted Briggle	MEDICAL CERTIFICATION  20. DATE OF DEATH  MEDICAL CERTIFICATION  20. 19 48 13:80 F		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19		
8. AGE: Years Months Days It less than one day 72 3 27hrs. min.  9. Birthplace (Town, county, and attate)	Immediate cause of death  Augustus Consum 2 da  Due tu		
10. Usual occupation.  11. Industry or business J. F. W. Dorman  Victor Adams  12. Name	Due to		
Switzerland   15. Birtholace   Switzerland   16. Intermant   Mrs. Belle Haberkorn   Address   Nursery Rd., North Linthicum, Md.	Major findings of operations		
Cemetery or crematory Trinity Cem.  Location Baltimore, Md.	22. VIOLENCE: It death was due to external causes, fill in the tollowing:  **Accident, suicide, or homicide		
18. Funeral director. WM. J. TICKNER & SONS  Address Balto., Md.  19. (0 S Hedreck) (Date recki by registrar)	23. SIGNATURE LA Bale M.O. or other  Address Linthicum Date signed 3-14-43		

Peux Haurhonn HAVERKORN

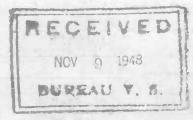
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			2	_
20	Ph	10.7	1	")

				11		
1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Manyland County A.A.		
County A. A.		PT 40 000000 000000000000000000000000000	2002001			
City or town	outside city or town li	mits, write R	URAL und give nearest town)			
	ce of death?			City or town Jessins (If outside city or town lin	mits, write RURAL and give ne	earest town)
	or street address where			Street No Maryland House	se of Correct	ion
			rection		rive LOCATION)	
How long in hospitat	or Institution?HO.S	pital	<u>- 2 mo. 21 da</u>	2(a) 11 veteran, name war		••••••
3. (a) FULL NAI	ME				3. (b) Social Security	Number
	BAINS Th	omas				
4. Sex	5. Color or face		, married, widowed, or divorced	MEDICAL	CERTIFICATION	
7.0	C	1113 3	ower			1.500
Av.L			OWer	20, DATE OF DEATH Oct.		
6.(6) Name of husban	d or wife Unital	MIN CLANC	***************************************	21. I CERTIFY that death occurred on the date	above stated; that I attended deci	eased from
******************			) If alive, give ageyears	July 23.	19/8 , 10 Oct.	
7. Birth date of deceased (mo., day	.vo Apr. 1	9. 18	196	and that I last saw halive on		19
8. AGE: Yea		Days ·	I If tess than one day	Immediate cause of death EXHAUS	5.T.1.Q.N	DURATION
52	6	2	hrs. — min.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**********************
		1	1	Carcinosis		
9. Birthplace	Virginia.	county, and a	tate)	Due to Carellosis		***************************************
10. Usual occupation		rer &		Compiler		******************************
		ris veliko z stanija tilpra a z a z a izili ili	i a a a a dili a a livil a dili i di a a a a da i a anni a dina a dini di di a a dili a dili a a a a a a a a a	Due to Carcinoma of	Drostate	
11. Industry or busine						
12. Name			***************************************	Other conditions		•••••••••
	unknow			(include pregnancy within	2 months of death)	
14. Malden nami 15. Birthplace	Comfort	Barbo	ur	Major findings of operations		
15. Birtholace	Charles C	City,	Va.	Major findings of operations		
750			f Correction			
16. Informant				Autopsy results		
Address Je	essups, Mid		4.	22. VIOLENCE: If death was due to external	causes, fill in the following:	
(Burial, cremation, or removal, Whiteh)  Date thereol. / / / / / / / (day) (Year)			01 10:24:48	Accident, suicide, or homicide		
		710	( (day) (year)			
Cemetery or crema	tory	700		Where did injury occur?(City or tow	n) (County)	(State)
Location		NY Y	,	Injured at home, farm, industry, public ptace		
18. Funeral director.	Robert	4.71	ne seine	Means of Injury	injured at work?	
100	00-904	V 111	Le O. B. DC	Stal H	100	my
Address	10-101	1,00	1 000	23. SIGNATURE OMMEN	Care	"/ N
19. Oct 2	1948	. LO	Kara Masket	Maryland House		or other
(Date rec'd by 1	registrar)	-	Registrar	Address	Date signed.	



. H.	90
	nd
refu	ly a
n ca	lear
atio	th
PLAINLY, WITH UNFADING INK. Supply every item of information carefully. I.	is especially important. Physicians: please write the causes of death clearly and leg'
inf	of of
n of	nses
iten	ca
ery	the
r ev	rite
pply	e w
Su	leas
7	d :
13	lans
INC	SIC
AD	Phy
N.F	nt.
H	orta
VIT	dun
, Y	lly
SE	ecia
LAI	esp
0	20

PLEASE WRITE

MARGIN RESERVED FOR BINDING

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County Anne Arrindel  City or town. Marley Park (Glen Burnie P.O.)  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Old Anniapolis Blvd.  How long in hospital or institution?  3. (a) FULL NAME  Cors. May Blizzard  4. Sex  5. Color or race  W Widow	2. USUAI. RESIDENCE (HOME) OF DECEASED:  (For rewhorn infants give residence of mother)  State
8.(b) Name of husband or wife John B. Blizzard  8.(c) If alive, give age years  T. Birth date of Years	21. I CERTIFY that death occurred on the date above stated; that I allended decessed from  S. 4.4.6. 19. 10
deceased (mo., day, yr.)   May 14, 1884	Immediate cause of death DURATION
9. Birthplace	Due to
14. Maiden name Anna A. Scott  15. Birthplace Mt. Vernon, Md.  16. Informant Mrs. Anna Murray	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
Address Marley Park, Glen Burnie, P. O.  17. Burial Date thereof Oct 16 (month) (day) (fear)  Cemetery or crematory Cedar Hill	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, till in the following:  **Accident, suicide, or homicide
Location G.Ov. Ritchie Hgwy. Bklyn, Md.  18. Funeral director Thomas W. Singleton  Address Glen Burnie, Md.  19. (Date Se'd by registrar)  (Date Se'd by registrar)	Injured at home, tarm, Industry, public place (where?)  Meens of injury  Injured at work?  23. SIGNATURE  M. D. or other  Address  Date signed

BECKER TO BE THE PARTY APATY ADDRESS AND

THE ALBERT OF THE PROPERTY OF

CONTROL OF THE PARTY OF THE PAR

CHE ACHIEV TO PER TO SECURE

3333

Water Services

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94 a

10088

## CERTIFICATE OF DEATH

Reg. Dist. No. 2/

1. PLACE OF DEATH: Anne Arundel			2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
COUNTY			state Maryland County Anne Arundel				
City or town							
				City or town			
	street address where			Street No. 6 Fleet St	(.a		
			1	(If rural,	give LOCATION)	)N)	
		2 day	8	2.(a) If veteran, name war		***************************************	
3. (a) FULL NAM	E				3. (b) Social Securit	ty Number	
		JACOB	BLUM				
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL	CERTIFICATION		
Male	White	Mar	ried	2D. DATE DE DEATH Och	14 19 88	7 11 a	
6 (b) Name of husband	or wite Fanni	e Blu	m	21. I CERTIFY that death occurred on the dat			
			c) If alive, give ageyears	act 12	1948 10 Qas	14 1948	
7. Birth date of	37 - 20			and that I last saw h	as 14	19. Y. P	
deceased (mo., day.				Immediate suse of death		DURATION	
8. AGE: Year	D.A. 721171	Days	If tess than one day	Corener of	demonstration and the second		
62							
9. Birthplace	Russia			Due ter		****	
9. Biringiace	(lown,		state)	Certeroch			
1D. Usual occupation.	Merch	ant	***************************************	Due to		~~~	
11. Industry or busines	ga «1	1		886 10			
월 12. Name	Elago Blum	1		Diher conditions			
13. Birthplace	Russ	de.		(Include pregnancy with			
X Malda	unknow	rin.					
14. Malden name 15. Birthplace			***************************************	Major findings of operations			
					Date of op		
16. Informant Fa	nnie Blum			Autopay resolts			
Address	6 Fleet St	. Ann	apolis, Maryland	PHYSICIAN: Plesse noderline the cause	to which death should he charge	ed statistically.	
	•		0-4 35 3016	22. VIOLENCE: If death was due to extern	al causes, fill in the following;		
(Burial, cremation	n, or removat. Which?	Date ther	eof	Accident, suicide, or homicide	Date of	*************************	
Cemetery or cremat	Knac		rael Cemetery	Where did injury occur?(City or to	(County)	(State)	
	v. 7			Injured at home farm, industry, public place			
			. Maryland		Injured at work?		
tB. Funerat director	Ben L.	Hoppin	g and Son	Means of Injury	Computed at work?		
Address 170	-172 West	St. An	napolis, Mi.	1	6 Don	P	
Oct	15, 48	2/1	- Would	23. SIGNATUR	. 7//	), or other	
19	_ 19 19	// (/	Registrar	Address Cleanfield	Nati signe	10-14-	

MARGIX RESERVED

F. 15M

TE PLAINLY, WITH UNFADING INK. Supplies especially important. Physicians: please v

FOR BINDING

S A15 9

PLEASE



OCT 16 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

1. PLACE OF DEATH: County Anne Arundel City or town (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? Since March 5, 1946 Hospital, Institution, or street address where death occurred: Crownsville State Hospital			2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)	011
			town)  State Maryland County Baltimore  City or town Baltimore City  (If outside city or town limits, write RURAL and give  Street No. 2409 Druid Hill Avenue	
Crownsville State Hospital  How long in hospital or institution? 2 years 7 months		cears 7 months	(If rural, give LOCATION)  2.(a) It veteran, name war	
3. (a) FULL NAME			3. (b) Social Secu	rity Number
4. Sex	5. Color or race	6.(a) Single, married, widowed	MEDICAL CERTIFICATION	
Female	Negro	Married	20. DATE DF DEATH October 11,	9:00 a
9 P M J-11		er Boggs	harch 5.	deceased from pr 11, 19, 48
deceased (mo., day, y  8. AGE: Years		Days If less than orhrs.	Immediate cause of death Chronic Myocarditis	3/5/46
1D. Usual occupation	housework	county, and state)	Due to	
11. Industry or business	arles Mil	s	Diher conditions Lung tuberculosis	3 mos.
三 12. Name	Maryland		Bone tuberculosis	3 mos.
14. Maiden name	Annie Par	ker	(Include pregnancy within 3 months of death)  Major findings of operations	
16. Intermant.	Hospital F		Autopsy results PHYSICIAN: Please underline the cause to which death should be cha	
17. M. (Burial, cremation,	or removal. Which	Date thereot. 10 /	22. VtOLENCE: If death was due to external causes, fill in the tollowing:	
Location	Mes.	16.14	Injured at home, farm, Industry, public place (where?)  Msans of injury  Injured at work?	

In Bore. is

Î	)

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

10088

1. PLACE OF DEATH County And	2. USUAL RESIDENCE (HOME) OF DECE (For newborn infames give residence of mother)	ASED:
City or town (If outside city or town limits, write KUKAL/And give nearest town)	State Couply Couply	U Ug
How long in above place of death?  Hospital, Institution, or street address where death occurred:	City or town	
How long in hospital or institution? 15 aay	2.(a) It veteran, name war	beauting to the state of the st
3. (a) FULL NAME	3. (8	) Social Security Number
4. Sex   5. Color or race   S.(a)Single, married, widowed, or divorced	MEDICAL CERTII	FICATION
M. God hidowell	2D. DATE OF DEATH	3 19 48 11 10 55 PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etated	10 On 3 1976
deceaeed (mo., day, yr.)	Immediate cause of death	
8. AGE: Years Months Daye It less than one day	asperiosles ati cardi	
hremin.	ansune	10 500
9. Birthplace (Town/county, and state)	Oue to	
10. Usual occupation	Oue to	
11. Industry or business		
12. Name aland by oftob  13. Birthplace Usuknown	Other conditions	
	(Include pregnancy within 3 months o	f death)
# 14. Maiden name Jouis Justil	Major findines of operations	
15. Birthplace Wut Bugel	major madings of operations.	
16 Interment alice Slenn	Antopsy results	
Address BK &5/ Route 3 Range low	PHYSICIAN: Please undertine the cause to which deat	
17. Butter Gate theraot of the Jay 48 (Burlal, cremation, or removal) Which?)  Que theraot of the Jay (month) (day) (year)	22. VIOLENCE: It death was due to external cauees, till I Accident, suicide, or homicide	
Cemetery or crematory and applications of the company of the compa	Where did injury occur?(City or town)	(County) (State)
Location What Hive High	Injured at home, farm, industry, public place (where?)	
18 Eurard director D. G. A ardust + Hon	Meane of Injury	tnjured at work?
Address Shallwilla Shall	5 0	1 144.0
Oct 5 48 Wash	23. SIGNATURE	M. D. or other
19. (Date rec'd by registrar)  (Registrar	Address and apoles mo	Date eigned 1014/48



2411 N. Charles St., Baltimore

10089

CERTIFI	ICATE OF DEATH Reg. Diat. No. 2
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants gave residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Elizabeth &	. Boucher 3. (b) Social Security Number
Male State (1.(a) Single, married, widowed, or divorced While Willow	MEDICAL CERTIFICATION  Belsby 10 1948 at 1150
7. Sirth date of deceased (mo., day, yr.) March 3º 1865  8. AGE: Years Months Days If less than one day	21.1 CERTIFY that death occurred on the date above etated: that I attended deceased from    19
15. Informant 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory.  Location	Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Maane of injury  23. SIGNATURE  M. D. or other
19. Oct. /3 19.48 1 = 7. bella (Date rec'd by registrar)	Registrar Address Clescop Teo Vel Date signed 10/12/4

FOR BINDING RESERVED MARGIN correct age

ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly.

WITH UNFA

PLAINLY, W

PLEASE WRITE

A15 SA



1003

2411 N. Charles St., Baltimore

B 1 1 1 1	. Ondition Di	.,	
CERTIF	CATE	OF	DEATH

Reg. Diat. No.

1. PLACE OF DEATH: Useundel	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For powborn infanta give residence of mother)
City or town (If outside city/or town limits, write RURAL and give nearest town)	State County County
(If outside city/or town limits, write RURAY and give nearest town) How long in above piece of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospitel, Institutions or street eddress where death opcurred:	31164 - maddley st
-off the Several Point Know.	Street No. (If rural, give LOCATION)
How long in hospitel or institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Claude D. / Sower	V.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH October 5th 19.42 at 5P.
6.(6) Name of husband or wife Margaret Metz Bowers	21. I CERTIFY that death occurred on the date above staled; that I ettended decessed from
	19 to
7. Birth date of decessed (mo., dey, yr.) 1902	and that I lest saw h
8. AGE: Years Months Days It less then one day	Immediate cause of death down or will war
46hrsmin.	1 Sulde
a Bidhelma Maryland	Due io.
9. Birthplace	
10. Usual occupation. Cook	Due to
11. Industry or business Arundles Sand & Gravel Co.	
12. Name George Bowers 13. Birthplace (?)	Dther conditions
	(Include pregnancy within 3 months of death)
# 14. Maiden name Bretwiser	
Bretwiser  14. Maiden name Bretwiser  (?)	Major fiedings of operations.
Mrs. Margaret M. Bowers	Vete of op.
18. Informant 3052 Mathews Street	Antopsy results
Address	22. VIOLENCE: It deeth wes due to externel ceuses, till in the following:
17. Burial Dale thereof 10/9/48 (month) (day) (year)	Accident, suicide, or homicidalisedent. Oate of 075/45
Cemetery or crematory Baltimore Cemetery	Where did Injury occur? Ches theale Bay, a. a. 2011. (City or town) (County) (State)
Cemetery or crematory	Injured at home, farm, industry, public place (where?)
Location WEDEFFID AND SON	Meens of Injury I rate with " Injured at work? Yes.
18. Funeral director	A Company
Address RATTIANDE IN AMARY SAID	23. SIGNAJUND Scentrad & Carebeaky.
10-8 ME D.W. Gadriel	M. D. or other
(Date rec'd by registrar) Registrar	Address lew Busnies Ma Date signed 10/4/16

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

VS

MARGIN RESERVED FOR BINDING

Gus / Frances

CERTIFICATE OF DEATH

Reg. Dist. No ...

1. PLACE OF DEATH: Anne Arundel	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
City or town (tf outside city or town limits, write RURAL and give nearest town)	State Maryland County Anne Arundel
(if outside city or town limits, write RURAL and give nearest town)  How long in above place of death? About 1 Year	City or iown Oakwood, Glen Burnie, Md. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of deaths	Street No. Oakwood Road
	(If rurul, give LOCATION)
How tong In hospital or Institution?	.   2.(a) If veleran, name war
3.(a) FULL NAME MARY E. BROWN	3. (b) Social Security Number NONE
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE DE DEATH OCK 28 17 ( 21 /07 9)
6.(b) Name of husband or wife Aaron S. Brown  5.(c) If alive, give age year  7. Sirth date of deceased (mo., day, yr.)  March 17, 1875	21. OCERTIFY that death occurred on the date above stated: that rattended deceased from 18.  Immediate cause of death TYNCLOUS DURATION
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
73 7 16min	malma:
9. Birthplace. Wiirthemberg. Germany. (Town. county, and state) 10. Usual occupation. 11. Industry or business 12. Hame. Conrad Wengert	Due to
12. Hame Conrad Wengert 13. Birthplace Germany	Myorardites
14. Malden name Rosie Walker	(Include pregnancy within 5 months of death)
14. Malden name Rosie Walker 15. 8trihplace Germany	Major findings of operations.  Date of op.
16. Informant Miss Sylvia H. Brown	Autonay results
Address Oakwood, Glen Burnie, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial  (Burial, cremation, or removal, Whieh?)  Bate fhereof, NOV. 1, 1948  (month) (day) (yeur)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory Glen Haven	Where did injury occur?
Glen Burnie, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Thomas V. Singleton	Missas of Injury Injured at work?
Glan Dummia 35d	Jalin ( Aplani 1 Ma)
Address Gien Burnie, Ma.	23. SIGNATURE M. D. gr other
19. (Date rec'd by registrar) Registra	Address / 3378 Class State signed / 59/9

ADING INK. Supply every item of information carefully. The of Physicians: please write the causes of death clearly and legibly

PLAINLY, WITH ONF, is especially important.

WRITE

PLEASE

FOR BINDING

RESERVED

ARGIN



# MARYLAND STATE DEPARTMENT OF HEALTH

MUTH UNFADING INK. Supply every item of information carefully. Ine correct important. Physicians: please write the causes of death clearly and legibly.

PLAINLY, is especially

WRITE

PLEASE

Z

FOR BINDING

MARGIN RESERVED

2411 N. Charles St., Baltimore

CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County Cou	2. USUAI. RESIDENCE (HOME) OF DECEASED:  (For newborn infants give resistance of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rurat, give LOCATION)  2.(a) It reteran, name war.
3. (a) FULL NAME Prown	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Colored Chiple	MEDICAL CERTIFICATION  20. DATE OF DEATH October 9 19 48, at 12 moo.
8. AGE: Years Months Days If leee than one day  9. Sirthplace	and that I last saw har alive on the last the last saw har alive on th
11 Industry or business    12. Name	Dither conditions Payshorn well acardia vasa Know to durage Sept. ?!  (Include pregnancy within 3 months of death)  Major findings of operations
15. Birthplace  16. Informant	Autupsy results
Location Swortleyn The Location Classes of Wilson Address / 000 Brantley well and the Location Address & 48 a will the Location with the L	Injured at home, farm, Industry, public place (where?)  Meene of Injury  Injured at work?  23. SIGNATURE  M. D. or other
(Date rec'd by registrar) Registr	Address

S. J. S.

PLEASE

A15 SY

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

10093

## CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF I					2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	)F DECEASED:	
					State Maryland Co		undel
City or town(1	Ma If outsid	e city or town lim	its, write F	URAL and give nearest town)			
How long in above pi	ace of de	ath? 68	yrs		City or town Mayo (If outside city or town limit	ts, write RURAL and give near	est town)
Hospitat, Institution.	or stree	t address where de	ath occurred	l:	Street No. nr Daves Cor	rner	
,				er	(If rural, giv	re LOCATION)	
How long in hospital	t or tosti	tution?			2.(a) It veteran, name war		
3. (a) FULL NA	ME					3. (b) Social Security N	lumber
		W		M HENRY BURGESS		218-05-7076	
4. Sex	5.	Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male		White		Married	20. DATE OF DEATH Cert 8	19. 4.8	at 1 9 M
		Mrs	Elsi	e Lee Burgess	21. I CERTIFY that death occurred on the date ab		
6.(b) Name of husba	and or wi	16		43	august 19	46 10 cest 8	1948
7. Birth date of			5.(	c) If alive, give age	and that i last saw halive onCen	t 5	19.4.8
deceased (mo., da	ay, yr.)	Marc	n 28,	1880	Immediate vause of death		DURATION
8. AGE: Ye	ears	Months	Days	It less than one day	progressive anthe	inclusion	***************************************
	68	6	10	hrsmln.	of unchal W	and resalls	***************************************
9. Birlhplace	Ma	yo, A.A.	Co. M	aryland	Due to.		*****************
					rulity		***************************************
10. Usuat occupation	on	aspen			Due to		
11. Industry or bust						***************************************	
12. Name	The				Diher conditions		•••••
13. Birthplace		unknown			(Include pregnancy within 3	months of death)	
五 14. Maiden na	me ]	Mary Roge	rs		Major findings of operations.		
15. Birthplace					Major findings of operations.		
				0.0	Antopsy results.		
				55	PHYSICIAN: Please underline the cause to v	which death should be charged a	tatistically.
_	_	P.O. May			22. VIOLENCE: If death was due to external ca	auses, flil in the following:	
Buria	1	removal, Which?)	Date the	eot 1041948 (month) (day) (year)	Accident, suicide, or homicide		
				s	Where did Injury occur?(City or town)		
					(City or town) Injured at home farm, Industry, public place (		
				A. Co., Maryland	Means of injury	Injured at work?	
tB. Funeral directo	, Ber	n L. Hopp	ing a	nd Son	MISSING OF TRIVITY	INJUICE &L WOLK!	
Address 170	)-172	2 West St	. An	napolis, Maryland	23. SIGNATURE Link H.	les lam In Q	
Oct	a	עס יי	P	livard Collens	n -	М. П. о	
19, (Date rec'd by	y registr	19		Registrar	Address Lutturan m	d. Data signed	0/8/48



The

M

UNFADING INK. Every item of information should be carefully supplied Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 151

PLEASE WRITE PLAINLY, WITH correct age is especially important

# BALTIMORE CITY HEALTH DEPARTMENT

CERTIFI	CATE	OF DEA	ATH 172	

CERTIFICAT	E OF DEATH 172
1. PLACE OF DEATH: Found: Chesapeake Bay in (a) Bathingre City, Maryland vicinity of 7' Knoll (b) Street address. (c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State Md. (b) County
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) Citizen of foreign country?(Yes or No)  If yes, name country
3 (a) FULL NAME CARLOS TIRADO	CARILLO
3 (b) If veteran, name war    3 (c) Social Security Account     No. 215-28-5626     4. Sex   5. Color or race   6 (a) Single, married, widowed, or divorced.     Single   6 (b) Name of husband or wife   6 (c) If alive, give age   years	MEDICAL CERTIFICATION  20. DATE OF DEATH October 10 1948, at 2:30PM  21. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained Autopsy, Inspection or Inquiry
7. Birth date of deceased (mo., day, yr.) 10-8-1929  8. AGE: Years   Months   Days   If less than one day   18   11   27	by said Autopsy. Inspection or Inquiry, find that said deceased came to <u>his</u> death on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined [] and that the causes of death were:
9. Birthplace Fagordo Puerto Rico (Town, county, and state)  10. Usual Occupation Oiler  11. Industry or business Arundel Corporation  12. Name Angel T. Tirado	Due to
13. Birthplace Puerto Rico  14. Maiden Name Conrado Carrillo  15. Birthplace Puerto Rico	Other Conditions (Include pregnancy within 3 months of death)
16 (a) Informant Arundel Corporation  (b) Address  17 (a) Durial (b) Date thereof (ponth (day) (year)  (c) Cemetery or crematory Foly Flolemer  Location Baltanass	22. If an external cause was primary 1 or contributing cause of death, fill in the following:  (a) Date of injury 10-5-48 at 11:15 A. M.  (b) Where did injury occur? Chesapeake Bay, 3/4 mile  (c) Did injury occur at home, on fatur, industrial place, in public place? Chesapeake Bay While at work? Yes
18 (a) Funeral director Longed , tuck  (b) Address 5305 , harford Kl-  19 (a) Oct 13 48 a 15 House  (Date ree'd by registrar)  Registrar	(d) Means of injury Rugboat Capsized  23. Signature Medical Examiner.  Date signed 1.0 1.1 Medical Examiner.

VS A15

VS A15

The

UNFADING INK. Every item of information should be carefully supplied Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH correct age is especially important.

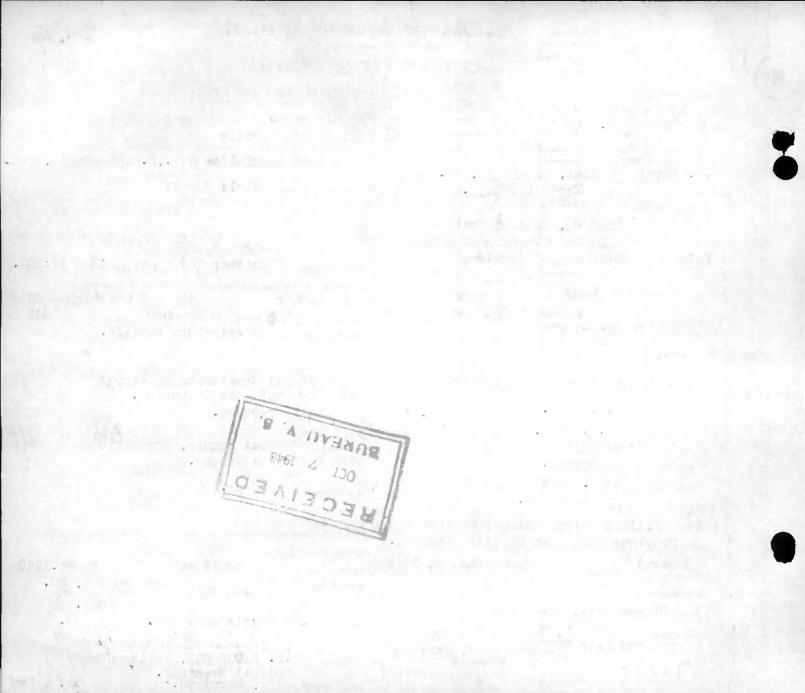
MARGIN RESERVED FOR BINDING

	BA	LTIMORE	CITY	HEALTH	DEPA	RTMENT
--	----	---------	------	--------	------	--------

## CERTIFICATE OF DEATH /7

1. FLACE OF DEATH: Found: Chesapeake Bay in (a) Baltimore City, Maryland Vicinity of 7' Knoll	2. USUAL RESIDENCE OF DECEASED:
(b) Street address.	(a) State N. Y. (b) County
(c) Hospital or institution:	(c) City or town Brooklyn
	(If outside city or town limits, write RURAL and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. 397 Dean Street
	(e) Citizen of foreign country?(Yes or No)
(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country
3 (a) FULL NAME	
ARNIE	CARLSON
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.134-24-0930	20. DATE OF DEATH October 10 19 48 a 2:30 PM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or	
Male White divorced Single	21. I certify that I took charge of the remains described above, held an
6 (b) Name of husband or wife	Insp. & Inquiry thereon and from the evidence obtained
6 (c) If alive, give age years	by said Autopsy, Inspection or Inquiry, find that said deceased came
7. Birth date of deceased (mo., day, yr.) July 7, 1925	tohis death on the day stated above, and death in my
8. AGE: Years   Months   Days   If less than one day	opinion resulted from: natural causes [], accident [], suicide [],
23 2 28 7 hr. min.	homicide, undetermined and that the causes of death were:
C3	
9. Birthplace Sweeden	IMMEDIATE CAUSE OF DEATH
(Town, county, and state)	Drowning
10. Usual Occupation Deck Hand	
11. Industry or business Seaman	D .
12. Name Carl Gostafsen  13. Righthace Sweeden	Due to
Sweeden	•••••
	Other Conditions
14. Maiden Name Nannie Carlson	
15. Birthplace Sweeden	(Include pregnancy within 8 months of death)
Erickson Funeral Home	Company of the compan
16 (a) Informant Brooklyn, N. Y.	22. If an external cause was primary or contributing [] cause of
(h) Address	death, fill in the following:
17 (a) Removal (b) Date thereof 10/11/48	(a) Date of injury 10-5-48 at 11:15 A. M.
17 (a) Removal (b) Date thereof (month) (day) (year)	(b) Where did injury occur? Chesapeake Bay, 3/4 mile
(c) Cemetery or crematory Fresh Pond	(c) Did injury occur at home, below, 7 duknolites, in public
Brooklyn N V	place? Chesapeake Bay While at work? Yes
William Cook. Inc.	
18 (a) Funeral director	(d) Means of injury. Tugboat Capsized
(b) Address 1217 St. Paul Street	23. Signature Morge lo- Mercel M.D.
19 (a) OCT 11 1906 Thurtugton Milliantes	Date signed 1.0 /41 Medical Examiner.
(Date rec'd by registrar)  Registrar	Late signed

		2411 N. Char	lea St., Baltimore 170 D	0000
		CERTIFICAT	TE OF DEATH Rog. Dist. No	21
City or town Annapolis. (If outside city or How long in above place of dealh? Hospilal, Institution, or street address U-S- Naval Hospi How long in hospital or Institution?	Maryland own limits, write 5. Months where death occurrence tal, Annu	RURAL and give nearest town)  ed: apolis, Md.		olis, Minr
3. (a) FULL NAME		lard Erick	3. (b) Social Security 1	Number
4. Sex 5. Color or ra Male White		gle, married, widowed, or divorced Single	MEDICAL CERTIFICATION  20, DATE OF DEATH 5 October 19 48	12:50A
6.(6) Name of husband or wife	6	.(c) If allve, give ageyears	21. I CERTIFY that dealh occurred on the date above stated; that t attended decea 2 October 19.48 to 5 October and that t last saw h 1 alive on 5 October Immediate cause of death Respiratory Failure.	r 1948
8. AGE: Years   Months 20 9	Days 29	It less than one dayhrsmin.	Immediate (ause of death	
	Navy.	Minnesota d state)	©ue to Epidural Hematomata Bilateral & Left Frontal Lobe Contusion.  ©ue to Skull Fracture.	
t2. Name Erick I	alter CA	RISON	Other conditions Ventral Hernia, Traumatic with Contusion Caecum.  (Include pregnancy within 3 months of death)	
	· OLSON	•	Major findings of operations NONO.	
16. Informant Willard I		LSON (Obtained from at this hospital.)	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
		ereot	22. VIOLENCE: tt death was due to external causes, till in the following;  Accident, sulcide, or homicide	Md . (State)
18. Funeral director	t St. An	ping and Son napolis, Maryland	Means of Injury Motorcycle Accident mured at work?  E. P. L. R. R. R. L.	m.P.



MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.
9-45-15M	WRITE PLAINLY, W

PLEASE

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1		0	0	19	
1	U	U	J	6	

Reg. Diet. No.

County A. A. Connty				2. USUAL RESIDENCE (HOME) (For powhorn infants give residence of	OF DECEASED:	
				State Maryland County A. A. A.  City or town Glen Burnie (If outside city or town limits, write RURAL and give nearest town)		
City or town(If	outside city or town l	imits, write l	tURAL and give nearest town)	Clam Downs		
			********	City or town(If outside city or town lim	ita, write RURAL and give ne	eareat town)
Hospital, Institution, or	etreet addrees where	death occurred	l:	Street No. 419 Third Ave	nue S. W.	
			***************************************		ive LOCATION)	
	r Inetitution?		**************************************	2.(a) tf veleran, name war		,
3. (a) FULL NAM	E WILLIAN	M. W.	COX		3. (b) Social Security None	Number
4. Ser	5. Celor ar race	8.(a)Singl	e, married, widowed, or divorced	MEDICAL O	CERTIFICATION	
Male	White		Married	20. DATE DE DEATH Odtober		. 12:15 P
			<b>y</b>			
	******************************	6.(	c) If alive, give age	yeare and that I last saw h	9	13
7. Birth date of deceased (mo., day,	A1191	ist 12	, 1874			
8. AGE: Year		Daye	It less than one day	Immediate cause of deeth		
74	1	21	hre.	min.	Jus Gar	2 years
9. Birthplace	Balti (Town,	more,	Maryland	Due to Con de Vasenla		2 4 4.
10. Veuat occupation.	Clook		ser			
	D-4			Due to	***************************************	
11. Industry or bueines					1.	CHARL
12. Name			ox Miss.			Squah
	Marer	llara	Reeder	(Include pregnancy within	3 months of death)	
王 14. Maiden name				Misjor Bedinks of obetations	1 9 14 Jau	
14. Maiden name 15. Birthplace		Mar	yland		Oate of op.	1944 -
	Irs. Anna	Mary	Cox	Aotopsy results		
	419 Third			PHYSICIAN: Please noderline the coose to	which death shoold be charged	stotistically.
Address				22. VIOLENCE: It death was due to external	cauces, fill in the following:	
11. Buris	1	Date the	reof Oct 7, 1948 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory						
Location A. A. County, Maryland				fnjured at home, farm, industry, public place	(where?)	***************************************
18 Funeral director William Cook, Inc.				Meane of Injury	Injured at work?	
Address #			1 Street,	1 1	3 .0 . 10. 2	
	- , B	VI	1. 1.		Belleyola . M. D.	or other
19. (Date rec'd/by r	egistror) 11 P	- A	W Attack	stror Address Follow Burney	e. Med Date signed	Col 4,1948

### MARYLAND STATE DEPARTMENT OF HEALTH

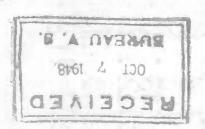
2411 N. Charles St., Baltymore



# CERTIFICATE OF DEATH

	CERTIFICA	TE OF SERVICE	Reg. Diat. No.
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:
County Anne Arundel  City or town Cedar Park nr Annapolis (If outside etty or town limits, write RURAE and give nearest town)  How long in above place of death? 1 yr  Hospital, institution, or street address where death occurred:  311 Taylor St.		City or town Codar Park (If outside city or town lim Street No. 311 Teylor S	county Anne Arundel  nits, write RURAL and give nearest town)  t.
How long In hospital or Institution?	······································	. 2.(a) If veteran, name war	
3. (a) FULL NAME	NKLIN ELLSWORTH CRANFO	RD SR.	3. (b) Social Security Number
4. Sex 5. Color or race White	6.(a) Single, married, widowed, or divorced Widowed		CERTIFICATION
S.(O) Hame of mangane of motors	ie E. Cranford  6.(c) If alive, give ageyea	21. CERTIFY that death occurred on the date :	above stated; that I attended deceased from
	у 25, 1876	and that I use saw h. Norman. alive on	DURATION DURATION
8. AGE: Years Months 72 2	Bays tiless than one day hrs	Ceselvel Same	here &
9. Birthplace Maryland (Town, c	ounty, and state)	Due to Carlem Selen	is mer
11. Industry or business		Due to	
	nford	Differ conditions Office Conditions	- 87/-
置 14. Maiden name		(Include pregnancy within	
15. Birthplace Unknown		_	
ts. Informant Mrs. Lawrence	e White	Antapsy results	
(Burial, cremation, or removal, Which?)	Date thereof	PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external of Accident, suicide, or homicide	Date of
	Maryland		
	pping and Son		Injured at work?
Address 170-172 West 5	Annapolis Marylar	23. SIGNATURE LENGT CO.	M. D. or other  Data signed 1.0.

VS



The content of the content of

Collection and Collection Collection

the same of the sa

information carefully. The correct age of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes

19. (Date rfc'd by registrar)

	narles St., Baltimore	1	0699
CERTIFIC	ATE OF DEATH	Reg. Dist. No	
1. PLACE OF DEATH! County.  County.  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:	City or town. Prival C	ts, write RURAL and give ne	sarest town)
How long In hospital or Institution?	LL	3. (b) Social Security	Number
4. Sex Sex Scotor or race 6.(a) Single, married, widowed, of divorced by the land of down and	MEDICAL C	CERTIFICATION	5 m3-a
6.(b) Name of husband or wife 6.(c) If alive, give age 7. Birth date of	21. I CERTIFY that death occurred on the date at	46,10 10-	
8. AGE: Years Months Days If less than one day  96 86 6 12	Immediate cause of death		••••
10. Usual occupation	Due to		
12. Name	Other conditions & & &	lud	442
14. Maiden name	(Include pregnoncy within 3	Date of op	
16. Informant Address of Everynnillo Mile	PHYSICIAN: Please ooderline the cause to 22. VIOLENCE: If death was due to esternal c	which death shoold he charge	d statistically.
17. Bate thereof (Burnal, eremation, or removel, Which?)  Cemetery or crematory  Date thereof (month) (day) (year)	Accident, sulcide, or homicide	Date of	(State)
Location Market Cook Suc.	Injured at home, farm, Industry, public place ( Means of Injury	(where?)	
Address 12.17 At food At.	1 23 SIGNATURE OSAM	ac nem	arj

0	
BAD	
3	
. ]	

4. Sex

19 Ut 23 1948 (Date rec'd by registrar)

### MARYLAND STATE DEPARTMENT OF HEALTH

2411

N.	Charles St.,	Baltimore	1172
			111

	3 (13 (1)	
	1010	
/		

Reg. Dist. No ...

		11
CERTIFICATI	COED	T'A'T'I
CERTIFICATI	CUPU	LAIR

1. PLACE OF DEATH:  County Anne Arundel  City or town North Linthicum  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address whore doath occurred:  Nursery Road, North Linthicum  How long in hospital or institution?  Nore			2. USUAL RESIDENCE ( (For newborn infants g	Mursery Doed		
			State Maryland City or town North 1 (11 outside cit Stroet No. Nursery			
3. (a) FULL NAME		C.Etzel Sr.		3.(b) Social Security 1 215-09-9194	Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorce	ed II			
Male	White	Married	MI	EDICAL CERTIFICATION 48		
6.(¿) Name of husband of husband of doceased (mo., day, ye		L.Berger 70 3	Years 21. I CERTIFY that death occurred the years and that I last saw harmal	od on the date above stated; that I attended decea	sed from	
8. AGE: Years	Months	Days If less than one day 25 ####################################	Carlin	Jarres Our	DURATION of res.	
9. Birthplace	Retired, Re	y, Maryland county, and state) ceiveing Clerk ectric Company	Due to.	-selvici	57.	
12. NameJ.	oseph Etze Germany	1	Dithor conditions Wele	ited	1894	
**		ietz	Major findings of operations	nancy within 8 months of death)		
16. Informant Mrs		zel Wife rth Linthicum, A.A.	Autopsy results	the cause to which death should be charged s		
Burial Bate thereof IO-23-48 (Barial, cremation, or removal. Which?) Cemotory or cromatory Lorraine Park, Park (Gay)			22. VIOLENCE: If doa'h was di Accident, sulcide, or homteide Whore did injury occur?	ue to external causes, fill in the following;  Bato of		
Location Baltimore County, Maryland George J.Ruth, Inc.			Injured at home, farm, industry, Moans of tnjury	public place (where?)	•••••••	
Address 173	5 Harford	Avenue, Balto: Md	23. SIGNATURE Cha	a. L. Base Jr	ms	

Registrar

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLEASE

MARGIN RESERVED FOR BINDING

VS 151

VS A15

### BALTIMORE CITY HEALTH DEPARTMENT 172 CERTIFICATE OF DEATH

Re

	4.55	0	
gistered	No.	0	Y
	79.1	110	53

oe carefully supplied.	1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address Just below Craig Hill Channel  (c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State Ohio b County Washington  (b) County Washington  (c) City or town Waterford  (If outside city or town limits, write RURAL and give town  (d) Street No. R.F.D. #1  (e) Citizen of foreign country? (Yes or No. If yes, name country)
VG INK. Every item of information should be carefully :: please write the causes of death clearly and legibly.	3 (a) FULL NAME  ALLEN  B. FARUS  3 (b) If veteran, name war  3 (c) Social Security Account	MEDICAL CERTIFICATION
	No.  4. Sex   5. Color or race   6 (a) Single, married, widowed, or divorced. Single	20. DATE OF DEATH Oct. 21  21. I certify that I took charge of the remains described above, held a
	6 (b) Name of husband or wife	httercon and from the evidence obtaine Autopsy, Inspection or Inquiry by said Autopsy. Inspection or Inquiry, find that said deceased came
	8. AGE: Years Months Days If less than one day 22 hr. min.  9. Birthplace Waterford, Wash. Co. Ohio (Town, county, and state)	tohisdeath on the day stated above, and death in m opinion resulted from: natural causes [], accident [], suicide [] homicide [], undetermined [] and that the causes of death were IMMEDIATE CAUSE OF DEATH
	(Town, county, and state)  10. Usual Occupation Merchant Marine  11. Industry or business	Danie
UNFADING Physicians: p	12. Name David Farus 13. Birthplace Ohio	Other Conditions
WITH rtant.	14. Maiden NameAlice Chapman  15. Birthplace Ohio	(Include pregnancy within 3 months of death)
MLY, impo	16 (a) Informant Harry McCurdy  (b) Address Beverly, Ohio  17 (a) Burial (b)Date thereof 11/25/48 (Burial, cremation, or removal) (month) (day) (year)	22. If an external cause was primary or contributing cause of death, fill in the following:  (a) Date of injury Oct. 19/48 6:30 P.M.  (b) Where did injury 7th Ft. Knoll Columbia
PLEASE WRITE PLAII correct age is especially	(c) Cemetery or crematory  Location Waterford, Wash. co. Ohio  18 (a) Funeral director H.W. MEARS & SON  (b) Address 805 N. Calvert St.	(c) Did injury occur at home, on farm, industrial place, in public place? Public Place While at work? Yes (d) Means of injury Drowning M.D.
PL	(Date roy d by registrar)	Date signed 10/22/48 Medical Exampler.

2411 N. Charles St., Baltimore

164 C

10100

## CERTIFICATE OF DEATH

Reg. Dist. No. 2/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	manufacile James Upendal
City or town(If outside city or town simits, write RURAL and give nearest town)	1 Pinn
How long in above place of death?	City or town
Hospital Collution, or street address where death occurred:	Street No.
Omergency Hospital	(If rural, give LOCAPTON)
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	ekeith 3. (b) Social Security Number
O margen 1. V	
4. Sex 5. Coor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 10
Male While Widower	20. DATE OF DEATH OCT. 13, 19 48 at 8 A M
Hartonso Febrith	21. I CERTIFY that death occurred on the date above stated
6.(b) Name of husband or wife	Commorfeen Examination
7. Birth date of	acanone Oct. 15, 1968
deceased (mo., day, yr.)	Immediate cause of death
o. Auc.	
68 0 24min.	2700 1200
9. Birthplace	Due to
theatrician liel.	Wound in new
	Due to lucesine at right
11. Industry or business	Leu bla Rudde
E 12. Names	Other Sonditions
	(Include pregnancy within 3 months of death)
14. Maiden name 77	Major findings of operations.
E 15. Birthplace	Date of op
18. Informant May 6 Wellyn Wickstrom	Autopsy results
Address Neva ala. Co. Md >	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. 08 minuel Date thereof Oct 16-1948	22. VIOLENCE: If death was due to external causes, fill in the following:
(Berial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Test Tyra Highly	Injured at home, farm, Industry, public place (where?)
18. Funeral director Jolash III Jayla Jon	Means of Injury 22 Cal. rufle Injured at work? 12
(10) h. Ol mel	bot M & Coll. On A missede
Address / Commanded Ja	23. SIGNATURES DALL M. D. Sother
19. Oct. 16 19. 48 My 7 7 111114	Address Afunctions The Date signed 10-15-48
(Date rec'd by registrar) Registrar	11 Address

HMARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

The correct



MARGIN RESERVED FOR BINDING

WITH UNF

WRITE PLAINLY,

PLEASE

VS

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: County HOAC ARUNDE!	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town	(If outside city or town limits, write RURAL and give nearest town)
District Training Settool	Street No
How long in hospital or institution? 10 mo	2.(a) If veteran, name war
3.(a) FULL NAME Catherine Fisher	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FWS	20. DATE OF DEATH. OCT 13 19 48 21 // A N
6.(ò) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from 12-12 19.47, to 13-13.
6.(c) If alive, give age	
7. Birth date of deceased (mo., day, yr.) Feb- 12 - 1945	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one dayhrs.	Congenital Debility Birth
9. Birthplace Wa Shing ton DC. (Town, county, and state)	Due to
10. Usual occupation	Due to
12. Name Catherice Fisher	Diher conditions Mental Deficiency Ldiot Birth
Indiana	(Include pregnancy within 3 months of death)
14. Maiden name Kenneth MUNSON Toledo, 64.0	Major findings of operations.  Date of op.
16. Informant History of Dist. TR. School	Autupsy results
Address LAUREL. ML  17. Durial Date thereol (month) (day) (yes (Burial, cremation, or removal, Which?)	22. VIOLENCE: ff death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or compatory. Dist. Th. Selwar	Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, Indusfry, public place (where?)
Location WWG According	Injured at nome, farm, industry, public place (wherer)  Means of Injury  Injured af work?
18. Funeral director 1 / augmond to all	)
Address Kaurel mp	23. SIGNATURE A. To. Huff nex
19. Oct 19 19. 48 Clara Hass	agistrar Address dune well bate signed 13/48

RECEIVED

NOV 9 1948

BUNEAU V. A.

City or town

	COI
	The cor
3	carefully.
	y every item of information carefully. The
N RESERVED FOR BINDING	ry item of
OR	0:
VED F	Supply
RESER	INK.
RGIN	FADING INK. Supply

Birthplace Nutwell, H. H. Marylan (Town, county, and state)  Usual occupation Garage  Industry or business 1 Out or obiles  12. Name Hary Ford  13. Birthplace Netwell Me.	town)
y or town	town)
(If outside city or town limits write RURAL and give nearest word in above place of death?  Spital, Institution, of street address where death loss wired:  Woong In hospital or Institution?  (a) FULL NAME  Sex  Sex  Sex  Sex  Solor or race  (b) Name of husband or wite  Sirth date of deceased (mo., day, yr.)  AGE: Years  Months  Birthplace  Sirthplace  Survey  Months  Mont	town)
spital, Institution, and street address, where death loss wired:  W long in hospital or Institution?  (a) FULL NAME  Sex  Sex  S. Ecolor or race  Whate  (b) Name of husband or wite  Birth date of deceased (mo., day, yr.)  AGE:  Years  Months  Birthplace  Wature  Wature  Months  Birthplace  Wature  Wature  Months  Days  It less than one day  AGE:  Years  Months  Birthplace  Wature  Wature	2/
w long In hospital or Instilution?  (a) FULL NAME  Sex  Sex  S. Color or race  White  Marsel  (b) Name of husband or wite  (c) Name of husband or wite  Birth date of deceased (mo., day, yr.)  AGE:  Years  Whoths  Birthplace  Whoths  Birthplace  (Town, county, and state)  12. Name  13. Birthplace  Westwell  MARSE  Months  Days  It less than one day  AGE:  Whoths  Mary  M	1
w long In hospital or Institution?  (a) FULL NAME  Sex  Sex  Scolor or race  (b) Name of husband or wite  (c) Name of husband or wite  (b) Name of husband or wite  Scolor or race  (c) Name of husband or wite  (d) Name of husband or wite  Scolor or race  (e) Name of husband or wite  Scolor or race  (f) Name of husband or wite  Scolor or race  (g) Single, married, widowed, or divording to the second of the	A E
Sex Scolor or race S.(a) Single, married, widowed, or divorded to the state of deceased (mo., day, yr.)  Birth date of deceased (mo., day, yr.)  AGE: Years Months Days It less than one day the state of deceased (mo., day, yr.)  Birthplace  Clown, county, and state)  Usual occupation  Industry or business 1  AGE: Wars Months Days It less than one day the state of day day.  Clown, county, and state)  12. Name  13. Birthplace Neutroll Ma.	de
Sex	
male white marsies  (b) Name of husband or wife Noths Ford (c)  Birth date of deceased (mo., day, yr.)  AGE: Years Months Days It less than one day  1446 47 5 16 hrs.  Birthplace Natural H. A. Maryland  (Town, county, and state)  12. Name Harry Ford A.  13. Birthplace Natural Maryland  14. Birthplace Natural Maryland	A
(b) Name of husband or wife	0
Birth date of deceased (mo., day, yr.)  AGE: Years Months Days It less than one day  14 HB 47 5 16 hrs.  Birthplace (Town, county, and state)  12 Name Hary Tord 1  13 Birthplace Natural Mary  14 Ary Tord 1  15 Birthplace Natural Mary  16 Birthplace Natural Mary  17 Ary Tord 1  18 Birthplace Natural Mary  19 Birthplace Natural Mary  19 Birthplace Natural Mary  19 Birthplace Natural Mary  10 Birthplace Natural Mary  10 Birthplace Natural Mary  11 Birthplace Natural Mary  12 Birthplace Natural Mary  13 Birthplace Natural Mary  14 Birthplace Mary  15 Birthplace Natural Mary  16 Birthplace Mary  17 Birthplace Mary  18 Birthplace Mary  18 Birthplace Mary  18 Birthplace Mary  19 Birthplace Mary  19 Birthplace Mary  10 Birthplace Mary  10 Birthplace Mary  10 Birthplace Mary  10 Birthplace Mary  11 Birthplace Mary  12 Birthplace Mary  13 Birthplace Mary  14 Birthplace Mary  15 Birthplace Mary  16 Birthplace Mary  17 Birthplace Mary  18 Birth	1
Birth date of deceased (mo., day, yr.)  AGE: Years Months Days It less than one day  14 HB 47 5 16 hrs.  Birthplace (Town, county, and state)  12 Name Hary Tord 1  13 Birthplace Natural Mary  14 Ary Tord 1  15 Birthplace Natural Mary  16 Birthplace Natural Mary  17 Ary Tord 1  18 Birthplace Natural Mary  19 Birthplace Natural Mary  19 Birthplace Natural Mary  19 Birthplace Natural Mary  10 Birthplace Natural Mary  10 Birthplace Natural Mary  11 Birthplace Natural Mary  12 Birthplace Natural Mary  13 Birthplace Natural Mary  14 Birthplace Mary  15 Birthplace Natural Mary  16 Birthplace Mary  17 Birthplace Mary  18 Birthplace Mary  18 Birthplace Mary  18 Birthplace Mary  19 Birthplace Mary  19 Birthplace Mary  10 Birthplace Mary  10 Birthplace Mary  10 Birthplace Mary  10 Birthplace Mary  11 Birthplace Mary  12 Birthplace Mary  13 Birthplace Mary  14 Birthplace Mary  15 Birthplace Mary  16 Birthplace Mary  17 Birthplace Mary  18 Birth	
Birth date of deceased (mo., day, yr.)  AGE: Years Months Days It less than one day  14 HB 47 5 16 hrs.  Birthplace Tawn, county, and state)  Usual occupation Garage  Industry or business 1 Aury Toyal  12. Name Harry Toyal  13. Birthplace Natural Mary	G
AGE: Years Months Days It less than one day  14 14 47 5 16 hrs.  Birthplace Value And County, and state)  Usual occupation.  Industry or business 1 Out of the state of the st	100
Birthplace Nutwell H. A. Maryland (Town, county, and state)  Usual occupation.  Industry or business 1 Out of the state of	17
Birthplace Nutwell, H. A. Marylan (Town, county, and state)  Usual occupation Janage  Industry or business 1 Out on obiles  12. Name Harry Ford  13. Birthplace Netwell Me.	
(Town, county, and state)  Javage  Industry or business  12. Name	
(Town, county, and state)  Javage  Industry or business  12. Name	w
12. Name	
12. Name Harry Ford 13. Birthplace Nectional Me.	
13. Birthplace Nectivell Ma,	
13. Birthplace Nectivell Ma,	
14. Maiden name / alkall of hipps	
14. Maiden name Rachael Phipps  15. Birthplace Nutwell, Tha	
1 15. Birthplace	
I Interment Mrs. J. Deven tora.	
Address Lothian, Md.	
Burel Date thereof Get 23-	_
(Burial, cremation, or removal. Which?)	1/2
Cemetery or crematory of females	4/8 (year
Location Ir and Landing a & 6	d/1
016 MH 16 45.2	4/3 (year
. Funeral director	4/8 (year
Address Chrapan Mergel	4/8 (year

(41.1014)	, give booking
2.(a) It veleran, name war	•••••
	3. (b) Social Security Number
MEDICAL	L CERTIFICATION
MEDICA	+ 100
20. DATE OF DEATH.	ct. 21, 1948 1 / 5
21. I CERTIFY that death occurred on the da	ate above states: @30.000 to the contract of t
For Amorte	in Commation
and because en	Oct 21, 1148
Immediate cause of death	DURATION
acute Sila	Fation of Nearl Sudden
Due to.	Mellitus untur
Due to	
Dther conditions	
(Include pregnancy with	hin 8 months of death)
Major findings of operations	
	Qate of op
Autopsy results	to which death should be charged statistically.
22. VIOLENCE: If death was due to extern	nal causes, fill in the following;
Accident, suicide, or homicide	Date of
Where did injury occur?(City or to	own) (County) (State)
Injured at home farm, Industry, public pla	ce (where?)
Maana of Injury	Injured at work?

(If outside city or town limits, write RURAL and give nearest town)

2. USUAL RESIDENCE (HOME) OF DECEASED:



BUREAU V. S.

UNFADING INK. Every item of information should be carefully suppli Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

WITH

VS 151

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

(a) State
LEON ° FOX
MEDICAL CERTIFICATION  20. DATE OF DEATH October 10 1948, at 2: 30 R  21. I certify that I took charge of the remains described above, held as
Insp. & Inquiry thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came
to his death on the day stated above, and death in my opinion resulted from: natural causes [], accident [X], suicide [] homicide [], undetermined [] and that the causes of death were
Due to
Other Conditions  (Include pregnancy within 3 months of death)
22. If an external cause was primary X or contributing acuse of death, fill in the following:  (a) Date of injury 10-5-48 11:15 A M  (b) Where did injury occur) Chesapeake Bay 3/4 mile  (c) Did injury occur at home, on farm, industrial place, in public place? Chesapeake Bay While at work? Yes  (d) Means of injury 20gboott Capsized  23. Signature Medical Expression.  Date signed 10-11-48

			CERTIFIC	ATE OF DEATH Reg. Dist. No
How long in above place Mospital, institution, or U.S. Nave How long in hospital or	Arundel polis, Marutside city or town line of death? Died street address where di Hospital Institution? Died	vland lits, write RUR On admi.	AL and give nearest town) SSION.	State Maryland • County Anne Arundel  City or town Annapolis • (If outside city or town limits, write RURAL and give nearest town)  Street No. 14 Thompson Street • (If rural, give LOCATION)
3. (a) FULL NAM GANNON.		(n), RA	DM, RET, USN	3. (b) Social Security Number
4. Sex	5. Cotor or race White.	6.(a) Single, m	arried, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH20. October
7. Birth date of deceased (mo., day,	m.) March 19	, 1877	f alive, give age6.?y	Immediate cause of death Coronary Thrombosis. DURATION
8. AGE: Years		Days	if less than one day  21 hrs. 15	nin. l hr.
9. Birthplace				Due to Arteriosclerotic Heart Disease. Unknow
12. Name Will 13. Birthplace	New York.  Nancy Rob Mississip	inson.	e Ya.	(Include pregnoney within 3 months of death)  Major fiediogs of operations.
16. Informant Obtis	Marsh, or repovel. Which?	Hosp	s admission.  Tal () - 12 - 18 (month) (day) (year)	Actopsy resofts.  PHYSICIAN: Please moderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide

BINDING FOR RESERVED MARGIN information carefully. The correct age of death clearly and legibly.

PL.

WRITE

SE

PLEAS

A15 N



The

UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH correct age is especially important.

VS 151

### BALTIMORE CITY HEALTH DEPARTMENT 172

~	EDTI	FIC	ATE	OF	DEA"	TILE.
•		FIL.	AIE	Ur	DEA	

10		:	A		7	No.
1/	WIN.	E 25	L C	пe	<b>C3</b>	130.

1. PLACE OF DEATH: Anne Arumoed	2. USUAL RESIDENCE OF DECEASED:			
(a) Ballimore Carry Maryland (b) Street address Off of Sandy Point	(a) Star Virginia - County			
(c) Hospital or institution:	(c) City or town. Norfolk (If out the city or town limits, write RURAL and give town			
	(d) Street No129 35th St.			
(d) Length of stay in hospital or inst, (yrs., mos., or days)	(e) Citizen of foreign country?(Yes or No)			
(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country			
3 (a) FULL NAME				
FRANK H. GATES,	Jr.			
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION			
4. Sex   5. Color or race   6 (a) Single, married, widowed, or	20. DATE OF DEATH Oct. 21, 19.48, at M			
Male White divorced. Single	21. I certify that I took charge of the remains described above, held an			
	Insp. & Inq thereon and from the evidence obtained Autopsy, Inspection or Inquiry			
6 (b) Name of husband or wife				
7. Birth date of deceased (mo., day, yr.) Mar. 31, 1919	by said Autopsy. Inspection or Inquiry, find that said deceased came			
8, AGE: Years   Months   Days   If less than one day	to his death on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [],			
29 6 21hr. min.	homicide [], undetermined [] and that the causes of death were:			
9. Birthplace Manteo, N.C.	IMMEDIATE CAUSE OF DEATH.			
(Town, county, and state)	Drown.			
10. Usual Occupation Seaman for				
II. Industry or business Eastern, Transportation	7			
Co. Norfolk, Va.	Due to			
2 13. Birthplace North Carolina				
[ 14. Maiden Name Retta Gray.	Other Conditions.			
15. Birthplace North Carolina	(Include pregnancy within 3 months of death)			
16 (a) Informant Twifford Funeral Home	22. If an external cause was primary or contributing acuse of			
(b) Address Manteo, North Carolina	death, fill in the following:			
17 (a) Burial (b)Date thereof 10/25/48 (month) (fixy) (year)	(a) Date of injury Oct 19/18 Knoll 6:30 P.M. (b) Where did injury occur? Tug Columbia			
(c) Cemetery or crematory	(c) Did injury occur at home, on farm, industrial place, in public			
Location Manteo, North Carolina	place? Public While at work? Yes			
18 (a) Funeral director H.W. Mears & Sen	(d) Means of injury Deswring			
(b) Address 805 North Calvert St.	23. Signature English M.D.			
19 (a) (at 35 1, 1946 a) a. W. Hedrel	Date signed 10/22/48 Medicul Examples			

A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dlat. No. .....

1. PLACE OF DEATH:  County Anne Arundel  City or town Crownsville  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 13 yrs. 5 mos.				2. USUAL RESIDENCE (HOME) OF DECEASED:  (For pewborn infants give residence of mother)  State Maryland county Frederick		
			***************************************			
			URAL and give nearest town)			
How long in above place	How long in above Blace of death? 13 yrs. 5 mos.		mos.	City or town Frederick (If outside city or town limits, write RURAL and give nes	arest town)	
Hospilal, institution, or	street address where	death occurred	:	Street No. 16 W. 13th St.		
Crowns	ville Stat	e Hosp	ital	(If rurnl, give LOCATION)		
How long in hospital or	institution?	yrs	5 mos.	2.(a) if veteran, name war		
3. (a) FULL NAMI		Y HALE		3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a)Singto	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	Negro	Wide	owed	2D, DATE OF DEATH October 28	2:30 a	
				21. I CERTIFY that death occurred on the date above stated; that I attended dece		
6.(b) Name of husband				Oct. 1 19 41 10 October		
7. Birth date of		5. (0	e) It alive, give ageyears	and that I last saw h er alive on Oct. 28		
deceased (mo., day, y	r.) 1870			Immediate cause of death Chronic Myocarditis		
8. AGE: Years	Months	Days	if less than one day	known to us since	1946	
78						
(Town, county, and state)  10. Usual occupation.  11. Industry or business  12. Name. Elda Jesse Lee  13. Birthplace.  West Virginia				Other conditions Senile Psychosis known to us since		
Maiden name	Mary Ha	11		(Include pregnancy within 3 months of death)  Major findings of uperations		
14. Maiden name.  15. Birthplace W	arrington	Country	Va			
= 1 15. Birtinplace	17	D	3	Date of op.		
16. Informant	Hospital	Hecor	ds	Autopsy results	statistically.	
Address Crownsville, Maryland		and				
17 Burish (Burish, or removal, Which?)  Cemelery or crematory Lincoln Curretury  Location Lettschurg Ho			of Oct. 31,1948	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide		
			necery	Whers did injury occur? (City or town) (County)	(State)	
				Injured at home, farm, Industry, public place (where?)		
( M. Bender			4/	Means of Injury Injured at work?	A. A.	
Address 128 Carlislo St. Sethyslury, Pa			Sethyslury, Pa	1 22 SIGNATINE	(h.)	
19. (O/28 19.48 E Florida Face) (Date rec'd by registrar)  Registrar				Address Crownsville, Md. Date signed	or other 10/28/48	



correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

_	-		- /	
	1 .	1	11	73
1	Н	a	29	1
- 1			2	1

#### CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF WEATH:  County City or town. (If outside city) or town limits, write RURAL and give nearest town)  How long in above place of death? (Associated in the control of the country	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For region infants give residence of mother)  State  County  City or town  (If jutajde city states, limits write fural and give nearest town)  Street No.  (If runn give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Bertraul J. Har	3. (b) Social Security Number
4. Sex 5. Color or sace 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION  20. DATE OF DEATH  Detakes 14 1948 at 3 2
6.(b) Name of husband or wife Kullevine Harbur  5.(c) If alive, give age 77 yea  7. Birth date of deceased (mo., day, 1910a.och 15, 1874	(19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years   Months   Days   If less than one day   Tyles   Months   Days   If less than one day   Months	in. Pullo t Lorend in
9. Birthplace Maryland (Torm, county, and stary)  10. Usual occupation. Refered	Due to realer temple
11. Industry or business Eugineer Construction	Due to.
12. Name Harlin Maruland	Other conditions
000	(Include pregnancy within 8 months of death)
14. Maite have larg Maryland.	Major fieddings of operations
≥ 15. Birthplage	Date of op.
General Satherine C / Harlin	Actopsy resolts
Lu Eday moto ml. 19	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Ceagl Walls Mile.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removel, Whitch?)	Accident, suicide, or homicia ducide Date of 10-14-
Cemetery or crematory. D. M. G. L. S. A. C. C. A. C.	Where did injury occur? Edgewater H. H., Maryla
Location Mashington. DG-	injured at home, farm, industry, public place (where?) at turned  Means of injury • 32 lal bullet injured at work? No
18. Funeral director	DO Joh Son Pall on I medica
19. Oct 15 1948 Carrie Campbell	23. SIGNATURE AND STREET M. D. or other
(Date rec'd by registrar) Registra	ar Address Date signed 10-14



Thempie In Sec.

Below that He was the week

I was to want of the

SUPPLIES TO THE PARTY OF THE PA

A STATE OF THE STA

PLEASE

A15

_	-45
- (	The correct gibly.
	L.
	14
	0
	0 >
	0
	5:3
	- 50
	0
45	>
	100
	7 7
	(2)
	2 5
	ಡ 14
	20 0
	22
	00
	T.C
	4
	5 2
	Fre
	0
	75
	.11
5	44 10
	0 %
	e 3
2	5 0
-	0
1	· = a)
2	2,5
7	~ +
4	5 0
)	9 +1
	- 54
TAKED FOR BINDING	C. Supply every item of information carefully. The please write the causes of death clearly and legil
1	D.
7	D e
4	as ca
>	01 9
4	. 7
r.	1 4 1

Ev	i	d	en	C	0	for	(	cha:	nge	of
	8.	g	е	s	ho	WIL	01	1:		

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Bultimore

q1	7
-1	1

1011	4	11	4	4	13
with the sales of the	1	11.	3	4	13
	allia	2. 0	sell-	-A	10

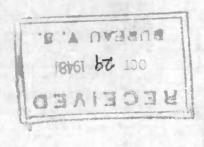
4:00 a.

FILM No. G

CERTIFICATE OF DEATH

		how
		28
× .	Dist.	No.

1. PLACE OF DE	ATH: nne Arunde	1		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)					
				State Maryland County					
			URAL and give nearest town)	Dol+4-one	Dolasano				
			ays	City or town	write RURAL and give ne	areat town)			
Hospital, Institution, o	r street address where	death occurred		LOS NON CT	*******				
			al		JOCATION)				
How long in hospital o	or Institution?	z yrs.	7 days	2.(a) if veteran, name war					
3. (a) FULL NAM		EMORY H	AYES		3. (b) Social Security	Number			
4. Ses	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION				
Male	Negro	Sing	le	20. DATE OF DEATH October 16		,at 4:00 a			
6.(b) Name of husband				21. I CERTIFY that death occurred on the date above October 9					
T. Birth date of		6.(4	t) if alive, give agey	and that I last saw h im alive on Oct	ober 16	10			
deceased (mo., day,	yr.) 12/10/	31		Immediate cause of death Cerebral					
8. AGE: Year	s Months	Days	if less than one day	mmediate cause of death work control		1 . 1			
9. Birthplace	Labo	North county, and a	Carolina	Due to					
		s. N. C	arolina	Diher conditions Senile Psycho	sis				
	N. Ca		***************************************	Known to u		10/9/40			
4				(Include pregnancy within 3 me		10/ // 4			
置 14. Maiden name	Mary ?			Major findings of operations					
2 15. Birthplace	N. Caro	lina			Date of on				
26 Interment	Hospital 1	Records		Autopsy results					
			••••••••••••••••••••••••	PHYSICIAN: Please underline the cause to whi		statistically.			
Address	Crownsvil			22. VIOLENCE: If death was due to externat cause	es, till to the following:				
Buri	al n, or removal. Which?	Date there	(month) (day) (year)	Accident, sulcide, or homicide					
		, , , ,	(month) (day) (year)						
	ory Crownsv			Where did injury occur? (City or town)	(County)	(State)			
Location Crownsville, Md.				Injured at home, farm, industry, public place (whe	re?)				
ox	Luxx7	org	Ital!	Means of injury	tnjured at work?				
18 Funerat director	durise	rele	ma	Jacob M.	mauste	rh.			
19/0/4/21	7-48,18	3	7. Love Loca	Crownsville, Md.		10/16/4			
( Date I se d by I	Kiosemi/		- megint	rar ! Address	signed				



MARGIN RESERVED FOR BINDING

UNFADING INK. Physicians: please

PLEASE WRITE PLAINLY, WIPH correct age is especially important.

VS 151

Every item of information should be carefully supplied write the causes of death clearly and legibly.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered I o

1. PLACE OF DEATH: (a) Baltimore City, Maryland (b) Street address. 7th Ft. Knoll - Chesapeake Bay (c) Hospital or institution:	(a) State
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) Citizen of foreign country?(Yes or No)  If yes, name country
3 (a) FULL NAME Theodore J. Hewitt	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
No.	20. DATE OF DEATH October 20, 1948 at 9:05AM
4. Sex   5. Color or race   6 (a) Single married, widowed, or divorced. Plyorced	21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry
6 (c) If alive, give age years	by said Autopsy, Inspection or Inquiry, find that said deceased came
7. Birth date of deceased (mo., day, yr.) October 27, 1896	to Mis death on the day stated above, and death in my
8. AGE: Years   Months   Days   If less than one day	opinion resulted from: natural causes [], accident []; suicide [], homicide [], undetermined [] and that the causes of death were:
9. Birthplace Maryland	IMMEDIATE CAUSE OF DEATH
10. Usual Occupation Ast Engineer Tug Boat	Drowning
11. Industry or business	Due to
2 12. Name William J Hewitt	Due to
₹ 13. Birthplace .Md	
14. Maiden Name Jennie James	Other Conditions
15. Birthplace Md	(Include pregnancy within 3 months of death.
16 (a) Informant Mrs. Jennie Hewitt (b) Address 711 Chestnut Hill Avenue	22. If an external cause was primary or contributing cause of death, fill in the following:
17 (a) Buriel (b) Date thereof Oct 25.1348 (month) (day) (year)	(a) Date of injury 10-19-48 at 6: 30 P. M. (b) Where did injury occur? 7th Ft. Knoll (Tue Columbia)
(c) Cemetery or crematoryBalto National	(c) Did injury occur at home, on farm, industrial place, in public
Location Beltimore	place? Public While at work? nes
18 (a) Funeral director Ullrich Funeral Home	(d) Means of injury Drowning
(b) Address 2008 Orleans St	23. Signature Longe 4. Mercelly, D.
1906T 21 1948 Frutugton Williams, Mil	Date signed 10/20/Medicul Examiner.

#### MARYLAND STATE DEPARTMENT OF HEALTH

St., Baltimore E OF DEATH

23. SIGNATUR

Address.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants tive residence of mother)

1	1	1	1	9
1	Y	T	1	N

Reg. Diat. No.

N a a a a a a a a a a a a a a a a a a a	· CERTIFICAT
ion carefully. The correlarly and legibly.	1. PLACE OF DEATH:  County
ESERVED FOR BINDING  INK. Supply every item of information  is: please write the causes of death cle	3. (a) FULL NAME  Sex  5. Color or race  6. (a) Single, married, widowed, or divorced  7. Sirth date of deceased (mo., day, yr.)  8. AGE: Years  Months  Days  If less than one day  hrs.  min.

bbs	3. (b) Social Securi	ty Number
2D. DATE DF DEATH.	LCERTIFICATION	6 .11-10
21. I CENTIFY that death become on the c	19 4V 10 Wer	eccared from
Immediate cause of death		DURATION
Coma	Ileulos	24
Oue to	-	
Due to		******
Other conditions.	thin omonths of death)	
Major findings of operations		*************************
Autopsy results		ged statistically.
22, VIOLENCE: If death was due to exte	ernal causes, fill in the following;	
Accident, suicide, or homicide		
Where did Injury occur?(City or	town) (County)	(State)

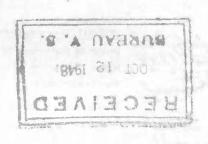
MARGIN important. PLAINLY, V is especially PLEASE WRITE

f8. Funeral director

(Date rec'd by registrar)

Address

A15



	*	supplied.
MARGIN RESERVED FOR BINDING	MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.
9	1	LAINLY, WITH
VS A15	1	PLEASE WRITE P

VS 151

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

The property of the file of the content of the co				
(c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)  (e) Length of stay in Baltimore (yrs., mos., or days)  (g) Length of stay in Baltimore (yrs., mos., or days)  (g) Citizen of foreign country)  (g) Street No	(a) Baltimore City, Maryland vicinity of 71 Knoll			
(c) Length of stay in hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days).  (e) Length of stay in Baltimore (yrs., mos., or days).  (f) Length of stay in Baltimore (yrs., mos., or days).  (g) Street No. 3700 Hanover Street  (g) Citizen of foreign country.  (g) End of country.  (g) Citizen of foreign country.  (g) Date of parts and count	(b) Street address	(a) StateMQ		
(c) Length of stay in hospital or inst. (yrs. mos., or days)	(c) Hospital or institution:	(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)		
(c) Length of stay in Baltimore (yrs. mos., or daya).  (d) Length of stay in Baltimore (yrs. mos., or daya).  (e) Length of stay in Baltimore (yrs. mos., or daya).  (f) Yes, name country.  (g) Length of stay in Baltimore (yrs. mos., or daya).  (g) If yes, name country.  (g) Length of stay in Baltimore (yrs. mos., or daya).  (g) If yes, name country.  (g) Length of stay in Baltimore (yrs. mos., or daya).  (g) If yes, name country.  (g) Length of stay in Baltimore (yrs. mos., or daya).  (h) If yes, name country.  (h) Address 3.6 Social Security Account No.  (h) No.  (h) Asserting the versal of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his. death on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], undetermined [] and that the causes of death were the causes of death were the causes of death were the cause of death were the cause of death were the causes of death were the cause of death were the cau	(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)		
3 (a) FULL NAME  3 (b) If veteran, name war  3 (c) Social Security Account No.  4. Sex Male  5. Color or race divorced. Married  6 (a) Single, married, widowed, or Married  6 (b) Name of husband or wife. Henrietta Schramm  6 (c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) 3-24-1888  8. AGE: Years Months Days if less than one day 60 6 19 17 br. min.  9. Birthplace Baltimore, Maryland  Term, county, and state)  Mate  10. Usual Occupation Arundel Corporation  11. Industry or business Arundel Corporation  12. Name George Hoffman  13. Birthplace Maryland  14. Maiden Name Georgianna  15. Birthplace Maryland  16. (a) Informat: Family  (b) Address 3700 Hanover Street  17. (a) Burial (b) Date thereof 10-12-48 (Burial, cremation, or removal) (month) (day) (year) (c) Cemetery or crematory Glen Haven Cemetery Location. Glen Burnie, Maryland  18. (b) Where did injury occur at home, obelow, infantly the place? Chesapeake Bay, While at work? Yee	(e) Length of stay in Baltimore (yrs., mos., or days)			
3 (b) If veteran, name war   3 (c) Social Security Account No.	3 (a) FULL NAME			
No.	JAMES E.	HOFFMAN		
Male   S. Color or race   6 (a) Single, married, widowed, or divorced. Married   1.1   1.2   1.2   1.3   1.4   1.4   1.5   1	3 (b) If veteran, name war 3 (c) Social Security Account			
Male White divorced. Married  6 (b) Name of husband or wife. Henrietta Schramm. 6 (c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) 3-24-1888  8. AGE: Years   Months   Days   If less than one day 60   6   19   7   br.   min.  9. Birthplace. Baltimore, Maryland  (Town, county, and state)  Mate  10. Usual Occupation. Mate  11. Industry or business   Arundel Corporation  El 2. Name   George Hoffman  13. Birthplace   Maryland  (It was a maryland   Maryland   Georgianna   Georg		20. DATE OF DEATH October 10 19 48at 2:30PM		
Insp. & Inquiry   thereon and from the evidence obtained   Autopsy, Inspection or Inquiry		21. I certify that I took charge of the remains described above held an		
7. Birth date of deceased (mo., day, yr.) 3-24-1888 8. AGE: Years   Months   Days   If less than one day   60   6   19   7   br.   min.  9. Birthplace   Baltimore, Maryland   (Town, county, and state)   Mate   10. Usual Occupation   Mate   11. Industry or business   Arundel Corporation   12. Name   George Hoffman   13. Birthplace   Maryland   14. Maiden Name   Georgianna   15. Birthplace   Maryland   (Burial, cremation, or removal)   Mate   17. (a)   Burial   (b) Date thereof 10-12-48 (Burial, cremation, or removal)   (month) (day) (year)   (c) Cemetery or crematory Glen Haven Cemetery   Location   Glen Burnie, Maryland    to   his   death on the day stated above, and death in my opinion resulted from: natural causes   , accident   X, suicide   , his   homicide   , undetermined   and that the causes of death were:    10. Lysual Occupation   Maryland    Due to    Other Conditions    (Include pregnancy within 3 months of death)    22. If an external cause was primary   A or contributing   cause of death, fill in the following:   (a) Date of injury occur at home, on and, it work? Yes		Insp. & Inquiry thereon and from the evidence obtained		
8. AGE: Years   Months   Days   If less than one day   60   6   19   7   br.   min   9. Birthplace   Baltimore, Maryland (Town, county, and state)   Mate   10. Usual Occupation   Mate   Mate   11. Industry or business   Arundel Corporation   George Hoffman   12. Name   George Hoffman   13. Birthplace   Maryland   Maryland   14. Maiden Name   Georgianna   15. Birthplace   Maryland   Maryland   16 (a) Informant   Family   (Include pregnancy within 3 months of death)   17 (a)   Burial   (b) Date thereof 10-12-48 (month) (day) (year)   (b) Cemetery or crematory Glen Haven Cemetery   Location   Glen Burnie, Maryland    8   If less than one day   opinion resulted from: natural causes   accident X, suicide   homicide   undetermined   and that the causes of death were: IMMEDIATE CAUSE OF DEATH    10   Other Conditions    22. If an external cause was primary X or contributing   cause of death, fill in the following: (a) Date of injury 10-5-48 at 11:15   A m. (b) Where did injury occur at home, of below, 7   Knoll in public place? Chesapeake Bay While at work? Yes	6 (c) If alive, give age years	by said Autopsy, Inspection or Inquiry, find that said deceased came		
60 6 19 7 br. min  9. Birthplace Baltimore, Maryland  (Town, county, and state) Mate  10. Usual Occupation  11. Industry or business Arundel Corporation  12. Name George Hoffman  13. Birthplace Maryland  15. Birthplace Maryland  (b) Address 3700 Hanover Street  17 (a) Burial (b) Date thereof 10-12-48 (Burial, cremation, or removal)  (c) Cemetery or crematory Glen Haven Cemetery Location Glen Burnie, Maryland  19. Birthplace Industry or business Arundel Corporation  Opinion resulted from: natural causes In accident In the causes of death were:  IMMEDIATE CAUSE OF DEATH  IMMEDIATE CAUSE OF DEATH  Opinion resulted from: natural causes In accident In the causes of death were:  IMMEDIATE CAUSE OF DEATH  Opinion resulted from: natural causes In accident In the causes of death were:  IMMEDIATE CAUSE OF DEATH  Opinion resulted from: natural causes In accident In the causes of death were:  IMMEDIATE CAUSE OF DEATH  Opinion resulted from: natural causes In accident In the causes In the causes In the causes In the causes In the cause In the	7. Birth date of deceased (mo., day, yr.) 3-24-1888	to his death on the day stated above, and death in my		
homicide   nundetermined   and that the causes of death were:				
10. Usual Occupation   Mate	60 6 19/7 hr. min.	homicide [], undetermined [] and that the causes of death were:		
10. Usual Occupation   Mate	9. Birthplace Baltimore, Maryland	IMMEDIATE CAUSE OF DEATH		
11. Industry or business Arundel Corporation    12. Name	(Town, county, and state)	Promis		
12. Name   George Hoffman   Georgianna   G	10. Osual Occupation			
12. Name   George Hollman   13. Birthplace   Maryland   Other Conditions     14. Maiden Name   Georgianna   (Include pregnancy within 3 months of death)     15. Birthplace   Maryland   (Include pregnancy within 3 months of death)     16. (a) Informant   Family   (b) Address   3700   Hanover Street     17. (a)   Burial   (b) Date thereof   10-12-48   (a) Date of injury   10-5-48   (b) Where did injury occur Chesapeake   Bay   3/4   mile     (c) Cemetery or crematory   Glen   Haven   Cemetery   (c) Did injury occur at home, on form, in guestian place)   Chesapeake   Bay   While at work?   Yes	11. Industry or business Arundel Corporation			
13. Birthplace   Maryland   Other Conditions     14. Maiden Name   Georgianna   (Include pregnancy within 3 months of death)     15. Birthplace   Maryland   (Include pregnancy within 3 months of death)     16. (a) Informant   Family   (b) Address   3700   Hanover Street     17. (a)   Burial   (b) Date thereof   10-12-48   (a) Date of injury   10-5-48   (b) Where did injury occur. Chesapeake   Bay, 3/4   mile     (c) Cemetery or crematory Glen Haven Cemetery   Location   Glen Burnie, Maryland   Glesapeake   Bay   While at work? Yes	E 12. Name George Hoffman	Due to		
14. Maiden Name   Georgianna				
[Include pregnancy within 3 months of death)  16 (a) Informant. Family  (b) Address 3700 Hanover Street  17 (a) Burial (b) Date thereof 10-12-48  (Burial, cremation, or removal) (month) (day) (year)  (c) Cemetery or crematory Glen Haven Cemetery  Location Glen Burnie, Maryland (Include pregnancy within 3 months of death)  22. If an external cause was primary of or contributing cause of death, fill in the following:  (a) Date of injury occur. Chesapeake Bay, 3/4 mile  (b) Where did injury occur. Chesapeake Bay, 3/4 mile  (c) Did injury occur at home, on home, in guestian late, in public place? Chesapeake Bay While at work? Yes	14. Maiden Name Georgianna	Other Conditions		
(b) Address 3700 Hanover Street  17 (a) Burial (b) Date thereof 10-12-48 (Burial, cremation, or removal) (month) (day) (year) (c) Cemetery or crematory Glen Haven Cemetery Location Glen Burnie, Maryland death, fill in the following:  (a) Date of injury 10-5-48 at 11:15 A M.  (b) Where did injury occur Chesapeake Bay, 3/4 mile (c) Did injury occur at home, on the month in public place? Chesapeake Bay While at work? Yes	5	(Include pregnancy within 3 months of death)		
(b) Address 3700 Hanover Street  17 (a) Burial (b) Date thereof 10-12-48 (Burial, cremation, or removal) (month) (day) (year) (c) Cemetery or crematory Glen Haven Cemetery Location Glen Burnie, Maryland death, fill in the following:  (a) Date of injury 10-5-48 at 11:15 A  (b) Where did injury occur Chesapeake Bay, 3/4 mile (c) Did injury occur at home, on 1000, in gusting place? Chesapeake Bay While at work? Yes	16 (a) Informant Family	22. If an external cause was primary to or contributing C cause of		
(Burial, cremation, or removal)  (Burial, cremation, or removal)  (Concertery or crematory Glen Haven Cemetery  Location Glen Burnie, Maryland  (b) Where did injury occur Chesapeake Bay, 3/4 mile  (c) Did injury occur at home, on Location place? Chesapeake Bay While at work? Yes	(b) Address 3700 Hanover Street	death, fill in the following:		
Location Glen Burnie, Maryland place? Chesapeake Bay While at work? Yes		(b) Where did injury occur Chesapeake Bay, 3/4 mi.		
The state of the s				
18 (a) Funeral director. J. L. McCULLY (d) Means of injury Tugboat Capsized				
	18 (a) Funeral director J. L. McCULLY	(d) Means of injury Tugboat Capsized		
(b) Address 130 E. Fort Avenue 23, Signature M.D.  19 West 12 1018 Medical Examiner.  Date signed 10-11-48	(b) Address 130 E. Fort Avenue	36.31.320		

2411 N. Charles St., Baltimore

			1	0	1	1	A	
	Diat.			U	1	1	7	
eg.	Dist.	No			0		ACCOUNT N	

## CERTIFICATE OF DEATH

I. PLACE OF DEATH:  County.  Anne Arundel Co.  City or town (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newhorn infants give residence of mother)  Maryland  State  Annapolis
How long in above place of death? 10 Years Hospital Jostitution, or street address where death occurred:	City or town.  (If outside city or town limits, write RURAL and give nearest town)  80 East Street  Street No.
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles Henry Holland,	None
4. Sex   5. Color or race   6.(α)Single, married, widowed, or divorced   Male   Colored   Single	20. DATE OF DEATH OF CLOSEN IS 1948 at 314
6.(b) Name of husband or wife	21. CERTIFY that death occurred on the date above stated: that I attended deceased from 19.40
7. Birth date of deceased (mo., day, yr.) July 12, 1907	and that I last saw h hanalive on
8. AGE: Years Months Days I fless than one day 14	Immediate cause of death OURATION  Feelmonorey Jalenthorn 8 gentle
9. Birthplace (Town, county, and state)	Oue to
None	
10. Usual occupation	Oue to
11. Industry or business None  Signature Charles W. Holland	
12. Name Charles W. Holland	Other conditions
14. Maiden name Elenora Brown 15. Birthplace Churchton, A.A.Co. Md.	(Include pregnatey within 3 months of death)  Major findings of operations.
2 15. Birthplace Churchton, A.A.Co. Md.	Autopsy results.
Address Churchton A.A.Co. Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial (Burial, cremation, or removal, Which?)  Oate thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, exicide, or homicide
Cemetery or crematory Churchton Cemetery	Where did injury occur?
Location Churchton Nd.	tnjured at home, farm, industry, public place (where?)
Wrs. Charles E. Hicks	Means of Injury tnjured at work?
Address 43-45 Northwest Street	APRICUED TOD
19. (Date rec'd by registrar)  Registrar	23. SIGNATURE D. M. D. or other  Address 10 — Can St. Qual St. 1 Date signed 10 158 48

WITH UNFADING INK. Supply every item of information carefully. The o important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE

A15 SA



1 2 in

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

especially

# PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10115

#### CERTIFICATE OF DEATH

	Reg. Diff. No
2. PLACE OF DEATH:  County Anne Arundel  City or town. Elvaton. (Millersville, R. F.D.)  City or town. Elvaton. (Millersville, R. F.D.)  (If outside city or town limits, write RURAL and give nearest town)  3.2 Vears  How long in above place of death? Vears  Hospital, institution, or street address where death occurred:  Jumper Hole Road  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland Anne Arundel  State Maryland County Anne Arundel  City or town Elvaton, Millersvilles Md. RFD  City or town Uff outside city or town limits, write RURAL and give nearest town)  Street No. Jumper Hole Road  (If rural, give LOCATION)  2.(a) If veteran, name war.
Why Charles 14	214 05 2975
Male   5. Color dace   6.(a) Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION  20. DATE DE DEATH
(a) Name of husband or wife. Ada I. Horky  Nee Duvall  Neth date of husband or wife. Ada I. Horky  (b) Name of husband or wife. Ada I. Horky  (c) Name of husband or wife. Ada I. Horky  (c) Name of husband or wife. Ada I. Horky  (c) Name of husband or wife. Ada I. Horky  (d) Name of husband or wife. Ada I. Horky  (e) Name of	21. I CERTIFY that death occurred on the dark above states to Course of the Course of
8. AGE: Years Months Days If less than one day 17min.	Cormany Pelulusy Intha
9. 8irthplace	Due to
14. Maiden name Beatrice  15. Birthplace Czechoslovakia	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Mrs. Ada I. Horky Address Elvaton, (Millersville, Md.P.O.)	Antopsy results
(Burial, cremation, or removal. Which?) (month) (day) (year)  Cemetery or crematory	Accident, suicide, or homicide
Location Glen Burnie, Md.  18. Funeral director Thomas W. Singleton	means of Injury  Means of Injury  Injured at work?  Means of Injury  Injured at work?
Address Glen Burnie, Md.  19. Olo (Date of d by registrar)  Address Glen Burnie, Md.  Registrar	Address. Date signed Date signed



PLAINI 18 especia

PLEA'SE

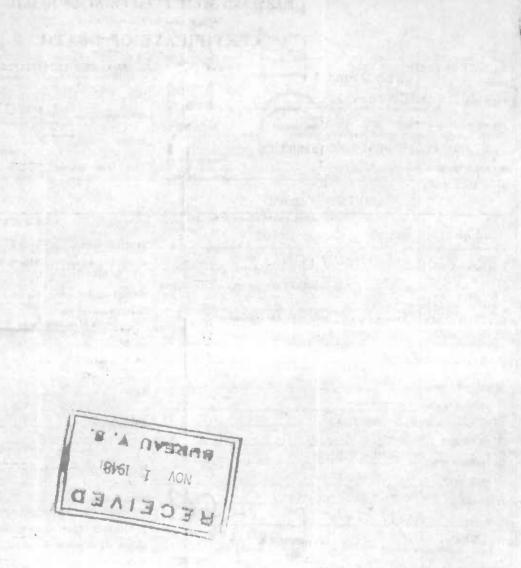
VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

10116

			CERTIFIC	ATE OF DEATH Reg. Dist. N	16. A 5
How long in above place Hospital, institution, or Crown svi	Anne Am Crownsv. utside city or town of death? street address where lle State institution?	ille limits, write H 10 days death occurred Hospit	al	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For pewhorn infants give residence of mother)  Maryland  State  County  County  City or town  (If outside city or town limits, write RURAL and g  Streel No.  (If rural, give LOCATION)  2.(a) It veleran, name war.  3. (b) Social Sec	rive nearest town)
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	N
Male Negro Married			rried	20. Date Of Ocath October 29	48 , 12:31 F
6.(b) Namo of husband	1000		oward	21. I CERTIFY that death occurred on the date above stated; that I attended October 19 19.48 to October 29	ober 29 19 48
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death General Paresis known to us since	10/19/48
9. Birthplace	Truck dr. seph Howa Maryland	rd d Didds	tate)	Due to	
18. Informant	Hospital		5	Autopsy resolta	harged statistically.
Cemetery or cremator	Cockeysvil	Church Le, Ma	cemetary  (month) (day) (year)  Cemetary  ryland	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	(State)



1 9 F Y

1. PLACE OF D	EATH: ne Arundel			2. USUAL RESIDENCE (HOME	E) OF DECEASED:	•
Gr.	ownsville		***************************************		County Allegany	
How long in above pic Hospital, Institution, Crownsvi	ace of death? 10 or street address where	days death occurred Hospita	URAL and give nearest town)	City or town. Cumberland (If outside city or town  Street No. Unknown  (If rurel,	est town)	
3. (a) FULL NA				2.(a) II veteran, name wat	3. (b) Social Security 1	Number
		W. JOH				
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced		. CERTIFICATION	deu i
Male	Negro	unk	nown	20. DATE OF DEATH. October 1	L, 1948	.at 8:25 &
6.(b) Name of husba 7. Birth date of	nd or wite unkn	6.(	c) If alive, give ageye	21. I CERTIFY that death occurred on the da October 1, 1948 ars and that I last saw h imagive on	october	11 19 48
deceased (mo., da			1.1885	Immediate cause of death		OURATION
8. AGE: Ye 63?	ars   Months	Oays	1f less than one day	Enc ephalomalacia	known to us	since 10/1/48
9. Birthplace	inknown (Town unknown	county, and	state)	Que fo		***************************************
t1. Industry or busin				Oue to		
12. Name	unknown unknown			Other conditions		***********************
M	unknown			(Include pregnancy with		
15. Birthplace	unknown		••••••••••••••••••••••••••••••••••••••	Major fiedings of operations		
t6. Informant	Hospital R	ecords		Autopsy results	uate of op	
Address	Crownsvill	e State	Hospital	PHYSICIAN: Please ouderline the caose	to which death should be charged to	statistically.
Remou	ala	0.1.11	10-12116	22. VIOLENCE: If death was due to extern		
(Burial, cremeti	on, or removal Which?	James (0)	(month) (day) (year)	Accident, suicide, or homicide		***************************************
()	torptincola	m	morrel len.	. (City or to		(State)
Location	utland.	, ca	1 6/0-1	Injured at home, farm, Industry, public place	lnjured at Work?	
18 Funeral director	9- P. J.	aul	M.W. Washel	E Tack A	Adal Out Add	M.V
10/17	. 48	8.	7. Joye Por	23. SIGNATURE	M. D.	r other
(Date ree'd by	registrar)		Registr	Address Crownsville, 1	Maryland Date signed	10/11//

Command to the restricts

OCT 14 1948
BUREAU V. 8.

7

MARGIN RESERVED FOR BINDING

The

# VS A15

VS 151

BALTIMORE	CITY	HEALTH	DEPARTMENT	
CERTIF	ICA	TE OF	DEATH	172

Registered	No.	
	40119	ĕ

n \ 4		
lied.	1. PLACE OF DEATH: (a) Baltimore City, Maryland	2. USUAL RESIDENCE OF DECEASED:
ddns	(b) Street address 15 miles out in cut-off chanel	(a) StatePa. (b) County
	(c) Hospital or institution: Chesapeake Bay	(c) City or town Phlladelphia
illy.		(If outside city or town limits, write RURAL and give town)
efu		(d) Street No. 4240 N. 6th St. (If rural give location)
ca1	(d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) Citizen of foreign country? (Yes or No)
d be carefully and legibly.	(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country.
	3 (a) FULL NAME JAMES T. JOHNSON	
	3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
information of death cle	No.	20. DATE OF DEATH October 29, 1948, at 9.15p.M
nat	4. Sex 5. Color or race 6 (a) Single, married, widowed, or	
orr	male white divorced married	21. I certify that I took charge of the remains described above, held an
f infees of	6 (b) Name of husband or wife Fillian Emily	Inquiry & Inspecthereon and from the evidence obtained Autopsy, Inspection or Inquiry
Every item of i	6 (c) If alive, give age 38 / years	by said Autopsy. Inspection or Inquiry, find that said deceased came
iter e c	7. Birth date of deceased (mo., day, yr.) 1-14-1900	to his death on the day stated above, and death in my
th	8. AGE: Years Months Days if less than one day	opinion resulted from: natural causes [], accident [], suicide [],
ve	48 9 15 hr. min.	homicide [], undetermined [] and that the causes of death were:
- '	9. Birthplace Kentucky	IMMEDIATE GAUSE OF DEATH
INK.	(Town, county, and state)	
Ple	10. Usual Occupation Cook on turboat	DAMMA
ADING icians:	11. Industry or business	
UNFADING Physicians:	12. Name Granfville Johnson	Due to
FA	13. Birthplace Kentuckel	
Z &		Other Conditions
HH I	E 14. Maiden Name Fannie?	
ILY, WITH important.	15. Birthplace Kentucky	(Include pregnancy within 8 months of deeth:
Drts	16 (a) Informant L. E. Hooper	
np,		22. If an external cause was primary X or contributing acuse of
	(b) Address 1416 Munsey Bldg.	death, fill in the following:
PLAIN	(Burial, eremation, or removal) (month) (day) (seal)	(a) Date of injury 10-19-48 at between 6.00-6.30 M.
PI	(Burial, cremation, or removal) (month) (day) (ceat)	(b) Where did injury occuraBaltimore Channel Buoy #6
PLEASE WRITE	(c) Cometery or crematory Irlenmount	(c) Did injury occur at home, on farm, industrial place, in public
RI	Location Phila. fa. 2 nd & Fuzerne	place Chesapeake Bay While at work) yes
ore W	18 (a) Funeral director John Ullrich	(d) Means of injury & to boat Allision
SE P		
rec	1040	23. Signature M.D.
cor	19 (a) NOV 1 1948(b) turbing for Milliams, M.	Date signed October 30, 1948
	VS 151	

DURATION

## 1. PLACE OF DEATH

How long in above place of death?. Hospital, institution, or street address where death occurred

How long in hospital or institution?.

3. (a) FULL NAME

2. USUAL RESIDENCE (HOME) OF DECEASED:

(If outside city or town limits, write RURAL and give nesrest town)

(If rural, give LOCATION)

3. (b) Social Security Number

Reg. Dist. No.

5. Color or race

7. Birth date of deceased (mo., day, yr.) Jan

8. AGE:

If less than one day

10. Usual occupation.

13. Birthplace

(Date rec'd by registrar)

(day) (year)

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated: itself-late

(Include pregnancy within 3 months of death)

Major fiedings of operations.....

PHYSICIAN: Please underline the caose to which death should be charged statistically,

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide,.....

Where did Injury occur? .....(City or town) (County)

Injured at home, farm, industry, public place (where?) ........ Means of Injury

ASE



WRITE PLAIN
is espec

PLEASE

A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfes St., Baftimore

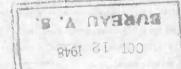
## CERTIFICATE OF DEATH

10120

Reg. Dist. No.

How long in above pla	Anne Aru Crownsvi	lle imits, write R yr, l	URAL and give nearest town)	City or town. Baltimore (If outside city or town limit	PF DECEASED: mother) unity	areat town)
			•		LOCATION)	
			mo.	2.(a) If veteran, name war.		V
3. (a) FULL NA	ME	HN JONI			3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	WILLIAM .
Male	Negro	Mari	ried	20. DATE OF DEATH October 3		3:20 a
The state of the s				21. I CERTIFY that death occurred on the date ab August 8	ove slaled; that I aftended dece 47 to October	3 19.48
7. Birth dale of			e) If alive, give ageyears	and that I last saw h im alive on O	ctober 3	19 48
deceased (mo., da				Immediate caose of death General	Paresis	DURATION
8. AGE: Ye 73	ars   Months	Days	ff less than one dayhrsmin.	known to us since		8/8/47
9. Birthplace			tate)	Due to		
10. Usual occupatio	Farmer	******************************		Due 10		
置 12. Name	John Jones	, 20> , -0 +0 +0 +0 +0 +0 +0 +0 +0 +0 +0 +0 +0 +0		Dther conditions		* *************************************
	Noma	Stocker		(Include pregnancy within 3		
14. Maiden nam	Unknown			Major findings of operations	Date of op.	
16. Informanf	Hospital Crownsvil		ā	Actopsy resolts	hich death should be charged	statistically.
17 bu	Mal Which	Date then	eof O 7.49 (month) (gay) (year)	22. VIOLENCE: If death was due to external ca	Date of	
Cemetery er crem	· ++ an	bital	24.			(State)
Location	mond	ouce	1160-	Injured at home, farm, Industry, public place (w		
18 Funeral director	oupt	1100	Pilal	Moens of injury	Injured at work?	Tid.
Address /	owns or	nes .	A Mon En	23. SIGNATURE CONTRACTOR		or other
19. (Date ref d by	registrar)		Registrar	Address Crownsville,	Md. Dale signed	10/3/48/

EMPEROR STREET, DIV



MECEIVED

age shown on:

1. PLACE OF DEATH:

d

important.

PLEASE WRITE PLAINLY, is especially

A15

Evidence for change in

Anne Arundel County

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Registrar Address

Reg. Diat. No. 22

3. (b) Social Security Number

M. D. or other

IIM No	G 1	17	OCT	21	1948	CERTIFICATE	OF	DEATH	832
-ILLI IIO.	u ı	1 1	001	~ -	10.10	CERTIFICATE		DEGILL	

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County A.A. County City or town Hanover
(if outside city or town limits, write RURAL and give nearest town)
Street No. Ridge Road, A.A. County
(if rural, give LOCATION)
2.(a) If veteran, namo war None

City or fown Hanover	• • • • • • • • • • • • • • • • • • • •	RURAL and give nearest town)	State Maryland County A.A
(If outside city or town I	imits, write I	RURAL and give nearest town)	
How long in above place of death?	doub account	**************************************	
morning moningmon, or entrois addition where			Street No. Ridge Road, A.A. County
			(ittual give bookstrott)
How long in hospital or institution?	NOTIS		2.(a) If veteran, name war None
3. (a) FULL NAME			3. (b) Sec
Ge	orge K	awecki	No
4. Sex AA A 1 5 5. Color or race	9	lo, married, widowed, or divorced	
7 (1) [			MEDICAL CERTIFICA
Female White		Widowed	20. DATE OF DEATH October 5th.
6.(b) Name of husband or wite. Ther	ese Dr	agan	
		uguii	18.7 10.0
	8.0	(c) If alive, give ageye	ars ()
7. Birth date of deceased (mo., day, yr.) March	I87I		and that I last saw have alive on
8. AGE: Years   Months	Days	tf less than one day	Immediate cause of death
28 77 3	?	#######	Cerebral Tidenon
		/	dn.
9. Birthplace. Allstria-Hunga (Town.	ry		Due to
10. Usual occupation Farmer		***************************************	
11. Industry or business			Duo te.
	Kaweck	-1	
E Assetside - H	*******************		Other conditions
₹ 13. Birthplace Austria-H	ungary		(luclude pregnancy within 3 months of death
불 14. Malden name	nown		
14. Malden name	ungary		Majnr findings of operations
≥1 15. Birthplace			—
16. Informant Mrs. Martha Ut	Z.	***************************************	Antapsy results
Man Dides Doed Han	027020 6	A Co Ma	PHYSICIAN: Please underline the cause to which death should
Address Ridge Road, Han			22. VIOLENCE: If death was due to external causes, fift in the fo
17. Burial (Burial, eremation, or removal, Which?)	Date ther	eof IO-9-48	Accident, sutcide, or homicide
			II and the second secon
Cemetery or crematory Sacred He			Where did injury occur?
Location German Hill R	d.Balt	o:Co.Md.	Injured et home, farm, Industry, public place (where?)
18. Funeral director George J.R	uth, In		Means of Injury Injured
Address 1735 Harford			Dr. SIGNATURE Chas, L. Boll
1.10	> 1	1.1 1/10	23. SIGNATURE
19. (Date rec'd by registrar)	1	Registr	at Address Littlicum

#### None MEDICAL CERTIFICATION

20. DATE OF DEATH	October 5th.,	19.48	1/30
21. I CERTIFY that deat	h occurred on the date above state	ed; that I attended d	eceased from
and that I last saw have	emalive on Oex	S	19.44
Immediate cause of de	or Mac	Nog	DURATION 4
	10.101		
	***************************************		
	***************************************		
Other conditions	de pregnancy within 8 months	***************************************	/0 00
	atinus		
		Dato of op	
************************			
Antapsy results	nderline the cause to which de-		ed statistically.
Antapsy results	nderline the cause to which de th was due to external causes, fill	ath should be charg	
Antapsy results PHYSICIAN: Please us 22. VIOLENCE: If dead Accident, suicido, or hos	nderline the cause to which der th was due to external causes, fill micide	ath should be charg in the following; Date of	
Antnpsy results PHYSICIAN: Please us 22. VIOLENCE: If deas Accident, sutcide, or hos Where did injury occur	nderline the cause to which de th was due to external causes, fill	th should be charg I in the following: Date of (County)	(State)

2411 N. Charles St., Baltimore

94a

10122

#### CERTIFICATE OF DEATH

40

ODICI II I C	Reg. Dist. No.	
1. PLACE OF DEATH: axualef.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)	
City or town	State County	
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town.  (Lifetiste out or town limits, write RURAL and give nearest town)	
dospitat, institution, or street address where death occurred:		
301- TIT leve. S. W.	Street No	
How tong In hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Mrs. Charles Fred K.	ricioald. 3. (b) Social Security Number	
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M. W. morried.	20. DATE OF DEATH O clocker 12 1948 of 1 P.	
8.(b) Name of husband or wife Arranda Sciency a	Let. I CERTIFY that death occurred on the date above stated; that I ellended deceased from	
8.(c) If alive, give age 63 y	19 10	
7. Birth date of	and Ihal I tast saw hative on	
deceased (mo., day, yr.)  R A.G.F. Years   Months   Bays   It less than one day	Immediate cause of death DURATION	
8. AGE: Years Months Days It less than one day	min. Coronary Ochusian Sudd	
9. Birthplace Surrany	Due fo	
(Town, county, and state)		
10. Usual occupation	Due to	
11. Industry or business  12. Name Lees Knewald  13. 8irthplace Germany.	Dther conditions	
13. Birthplace Germany.		
14. Maiden name wise Reha	(Include pregnancy within 8 months of death)	
15. Birthplace Germany.	Major findings of operations.	
Janeal E Karnaldhu	Date of op.	
18, Informant	Assures results  PHYSICIAN: Please underline the cause to which death should he charged statistically.	
Address then founds. Mrs.	22. VIOLENCE: if death was due to external causes, fill in the following:	
17. But sa   Date thereof Oct.   1918 (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, sulcide, or homicide	
Cometery or crematory Quarterfield Cometery	Where did injusy occur? (City or town) (County) (State)	
Location Qual-terfield Road	Injured at home, farm, industry, public place (where?)	
18. Funeral director Thomas W. Sing leton	Meens of Injury Injured at work?	
Address Glem Burnie Md.	Custave & Fauche Mist.	
10/14 48 / 10 all	23. SIGNATURE COURS Depreches muchel M. D. 61 other	
(Date rec'd by registrar) Regist	trar Address See Coursell Mabate signed 10/13/	

MARGIN RESERVED FOR BINDING

S A15

PLAINLY

WRITE

PLEASE

Military Street Street

of many the control of the control o

OCT 16 1948

The

VS A15

# CERTIFICATE OF DEATH

	ed No.		
Registe	ed No.	1	3

	American and compared against the part of		
carefully supplied.	1. PLACE OF DEATH: Found: Chesapeake Bay in (a)/Baltindore Chy, Maryland vicinity of 7 Knoll	2. USUAL RESIDENCE OF DECEASED: (a) StateMd • (b) County	
8	(b) Street address		
11y	(c) Hospital or institution:	(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)	
efu	21	(d) Street No. 102 NOTUNNICK COURT	
car	(d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) Citizen of foreign country?(Yes or No)	
be d	(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country(1es or 190)	
should be	3 (a) FULL NAME JOSEPH	KUHN, JR.	
lean	3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
tior h c	No.	20. DATE OF DEATH October 10 19 48, at 2: 30P M	
information is of death cle	4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Married	21. I certify that I took charge of the remains described above, held an	
of infuses of	6 (b) Name of husband or wife Jeanne	Insp & Inquiry thereon and from the evidence obtained Autopsy, Inspection or Inquiry	
au	6 (c) If alive, give age years	by said Autopsy Inspection or Inquiry, find that said deceased came	
Every item write the cau	7. Birth date of deceased (mo., day, yr.) August 7, 1921  8. AGE: Years   Months   Days	to his death on the day stated above, and death in my	
ery	277 2	opinion resulted from: natural causes [], accident [], suicide [],	
Ev	The state of the s	homicide [], undetermined [] and that the causes of death were:	
Z. se	9. Birthplace Philadelphia, Pa.	IMMEDIATE CAUSE OF DEATH.	
INK.	(Town, county, and state)  10. Usual Occupation Superindendent	Promis	
D	11. Industry or business Arundel Corporation	Due to	
UNFADING Physicians:	M		
FA] sici	12. Name Joseph Kuhn, Sr.		
N. A.	13 Birthplace Baltimore, Maryland	Other Conditions	
	14. Maiden Name Henrietta Snow		
mpertant.	14. Maiden Name Henrietta Snow 15. Birthplace New Jersey	(Include pregnancy within 3 months of death)	
Tig	16 (a) Informant Mrs. Jeanne Kuhn	22. If an external cause was primary \( \mathbb{X} \) or contributing \( \bigcap \) cause of	
是為	(b) Address 1652 Northwick Court	death, fill in the following:	
PLAIN	17 (a) Burial (b) Date thereof 10-12-48 (month) (day) (year)	(a) Date of injury 10-5-48 at 11:15 A M.	
- W	(c) Cemetery or crematory Cathedral Cemetery	(b) Where did injury occur? Chesapeake Bay, 3/4 mile (c) Did injury occur at home, on farm, injustrial place, in public	
VRI	Location Baltimore, Maryland	place? Chesapeake Bay While at work? Yes	
age A	18 (a) Funeral director. LEONARD J. RUCK	(d) Means of injury Jugbons capsized.	
ASI ct	(b) Address 5305 Harford Road	27.01	
PLEASE WRITE correct age is esp	AAT A AREA LAND LAND	Date signed 10-11-48 Medical Examiner M.D.	
	VS 151	Y	

2411 N. Charles St., Baltimore

1190

10124

## CERTIFICATE OF DEATH

Reg. Dist. No. 2/

AT VY				
3	1. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For powhorn infants give residence of mother)		
The clegibly	County Charter Charter	State Md. County A.A		
	(If outside city or town limits, write RURAL and give nearest town)	Secro		
carefully early and	How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
ref ly a	Hospital, Institution, or street address where death occurred:	Streel No. Old quartrifield Rd.		
ear	tower gen cy to Ap.	(Mrural, give LOCATION)		
ior cl	How long In hospital or Institution?			
ormation care death clearly	3. (a) FULL NAME Lamb - Ronald a	llert.	3. (b) Social Security Number	
inf	4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
causes	19 W Single	20. DATE OF DEATH. 10- 18	19 48 11 6 ≥ A	
item cau	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above	e stated; that I stlended dacaased from	
by	Sopt 19-48 S.(c) It alive, give age years	10-17 19.48, 10 10-18 19.48		
eve	1. Birth date of A A A A A A A A A A A A A A A A A A	and that I last saw h Manalive on		
oly wr	deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Immediate cause of death delight	DURATION	
upi	0 29min.	& asidous -		
K. Supply ever please write t		diarrhea		
N.K.	9. Birthplace Seven R. F. D. 194.	Due to		
ADING INK Physicians:	10. Usual occupation	-	***************************************	
IN(	11. Industry or business	Due to		
AD	12 Name unbumo George Bussey	Other conditions	***************************************	
F 4	13. Birthplace Sevens R.F.D., 174.			
WITH CAN	& Ruby Lauf	(Include pregnancy within 3 months of death)		
A d	14. Malden name	Major findings of operations.		
WI	15. Birthplace W. Va		Dale of op	
E, K	16. Informant Ruth Shakan	Autopsy results  PHYStCIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide		
PLAINLY, is especially	Address Severn 18FD 190.			
AI esp	17 Buria Date thereof Oct. 19, 1948			
PI	(Burial, cremation, or removal, Which?) (month) (que) (year)			
TE	Cemetery or crematory	Whers did Injury occur?		
VRI	Location Carry Meade Road	Injured at home, tarm, Industry, public place (where?)		
5	18. Funeral director Thomas W. S. ng leton	Means of Injury	Injured at work?	
ASE	Address Glen Burnie 18th	& Peals	d. Trentt	
LE	Oct 18 48 mr In with	23. SIGNATURE	M, D, or other	
4	(Date rec'd by registrar) Registrar	Address 240 Prince Jeans	2 . Date signed 10-18. 4	

MARGIN RESERVED FOR BINDING

A15



### VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County aug Chundel	(For newborn infants give residence of mother)
City or town	State Mary County Charles
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	1 Nous He of DI
6 Bay Head Rd.	(If rufal, give LQCATION)
1	2.(a) If veteran, name war.
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
Edward Davennort	figg mans
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Malla Sinala	m./ ? 157.
"all ville single	20. DATE OF DEATH 054, 3 19 48, 21 430 PM
6.(b) Name of husband or wife 22011e	21. I CERTIFY that death occurred on the date above stated; that attended desected from
	II
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Mar. 22 1899	Immediate cause of death
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
49 6 11hrsmin.	authoritation of head
07-	
9. Birthplace(Town, county, and state)	Due to
010, 100, 100, 100	
1D. Usual occupation.	Due to
11. Industry or business deally Co.	
12. Name Jumes Capturacy	Other conditions
12. Name Junis Cather Life 13. Birtholace 13 alsomo	
	(Include pregnancy within 3 months of death)
14. Malden name July 3. Primmonds  15. Birthplace 13allo. 1118.	Major findings of operations
E 15. Birthplace / Hello. 7008.	Dale of op.
year Lawrence In Que mansol	Autopsy results.
16, Informant All Annual Annua	PHYSICIAN: Ptease underline the cause to which death should be charged statistically.
Address 22 Leept to 12get.	22. VIOLENCE: If death was due to exfernal causes, fill in the following:
12 Euricel Date thereof USA-6-48	
(Burial, cremation, or removal. Winch?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Allem and Company	Where did injury occur?
Bullimone; Mix	Injured at home, farm, Industry, public place (where?)
Location Winds of Management	Means of Injury Injured at work?
18. Funeral director MOONTHINGS	
Address 1 108 WHM ave.	S. P. T. Ditalian Man
INC I O to Hell	23. SIGNATURE
19. 10/3 19 X A - Reculture	Congration indi pote stored 10/3/78

WITH UNFADING INK. Supply every item of information carefully. The con-important. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, 15 especially

PLEASE

VS

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

10126

### CERTIFICATE OF DEATH

			CERTIFICA	IL OF DEATH	Reg. Dist. No	
City or town	e Arundel Cownsville foutside city or town ace of death? Sin or street address when lle State or institution? 7	limits, write I ce Apri e death occurre Hospita months	- 15 days	2. USUAL RESIDENCE (HOME) OF I (For pewborn infants give residence of mo State Maryland County City or town Salisbury (If outside city or town limits, v  Street No. Unknown (If rural, give LC 2.(a) If veteran, name war	, Wicomico	
	ATABLY I	ONG, E	llen Powell le, married, widowed, or divorced			the time in the day the party at the
4. Sex	5. Color or race	S.(a)Sing	le, married, widowed, or divorced	MEDICAL CER	RTIFICATION	
Female	Negro	Wide	wed	20, DATE OF DEATH October 19,	1948	, 5:50 PM
S.(b) Name of husband or wife Unknown  S.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) 1911		21. I CERTIFY that death occurred on the date above April 5, 19.44 and that flast saw h er alive on Octol	stated; that fattended dece 8 to October ber 19,	19, 19.48		
	ars Months	Days	If less than one day	Immediate cause of death Tuberculosis of the Lux	ıgs	August,
10. Usual occupatio 11. Industry or busin 質 12. Name	ness Inknown		atate)	Due to		
13. Birthplace				(Include pregnancy within 3 mor	nths of death)	
14. Matden name. Unknown.			***************************************	Major findings of operations.		** **** *** ** * * * * * * * * * * * * *
ON 15 Birthplace						
Address Crownsville State Hospital  17 Removal Date thereof 10/21/48 (month) (day) (year)  Cemetery or crematory Cemetary in North Carolina  Location North Carolina		Aatopsy vesults PHYSfCIAN: Pfease underfine the cause to which 22. VfOLENCE: If death was due to external causes Accident, suicide, or homicide.  Where did injury occur?  (City or town) Injured at home, farm, Industry, public place (where	a, fill in the following: Date of (County)	(State)		
18 Funeral director Address  19. Oct. 20 (Date rec'd by	Northwest	St., 1	Annapolis, Md.  Joya Cocal Registrar	23. SIGNATURE OF MARY LAND Address Crownsville, Mary L		or other 10/19/48



WITH UNFADING INK. Supply every item of information cares important. Physicians: please write the causes of death clearly

especially

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

h	0	1	
I	1	0	1

10127

### CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
City or 10wn(If outside city or own limits, write RUKAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write BURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	101 6 71 4 11
	Street No. (If rurnl, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	
David ayou mais	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, manifed, widowed, or divorced	MEDICAL CERTIFICATION
MWM	20. DATE DE DEATH. 04. 24 19 48 21 110 PM
6.(b) Name of husband or wife Rachael Maenes	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 2 1 2 1 4 4 1	19
deceased (mo., day, yr.) march 28, 1911	Immediate cause of death
8. AGE: Years Months Days If less than one day	Immediate value of death
37 6 25min.	Transaction of apenal and
9. Birthplace	Due to
10. Usual occupation Marter of Ling Boat	Due to
11. Industry or business Eastern Samportalias Co.	
12. Name Tank Mainels 13. Birthplace New Jersey	Dther conditions
5 91-1 - B.e.c	(Include pregnancy within 3 months of death)
14. Malden name There yerses	Major findings of operations.
ma Dalla one.	
16. Intermant Mrs Machael Maines	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 10 100 1918	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	(City of town) (County) (State) Injured at home, farm, Industry, public place (where?)
Location Harvey of 20 Bl. 17	Means of Injury Llip colline Injured at work? Her
18. Funeral director.	
Address 600 7 Hugard 7d. Volley 7d.	23. SIGNATURE & Peyton Ritching M.D. or other
19. (Date rec'd by registrar)  Registrar	Address ample hd. Date signed 10 27 78



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

164 C

### CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. MARY LAND County ANNE ARUNDEL  City or town (If outside city or town limita, write RURAL and give nesrest town)
Hospital, institution, or street address where death occurred:	Street No. 311 THIRD AYES. S.W.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Henry krom	Malco Social Security Number NONE
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE OF DEATH Oct. 29 1948 at 9 A
5.(b) Name of husband or wife NELLIE M. MALCO.	21. I CERTIFY that death occurred on the date above stated.
NEE MUNDY 6.(c) If alive, give age 52 y	permortour Examination
7 Right date of	rears oct. 29 18 48
deceased (mo., day, yr.) NOVEMBER YX, 1889	Immediate cause of death
8. AGE: Years Months Days If less than one day	
58 11 7hrs.	min. / Jullet stound in
9. Birthplace STOCK 6 RIDGE MICH.	Due to fead
IN Havel counting CONSTRUCTION FOREMAN	
ib. Usual uccupanion	Due to
The result of the second of th	10-
12. Name WILLIAM MALCO GERMANY	Dther conditions
	. (Include pregnancy within 3 months of death)
14. Maiden name NELLIE B. Bla'IR  ENGLAND	
15. Birthplace ENGLAND	Major findings ol operations.
16. Informant MRS. NELLIE MALCO	Actorsy results
Addres 311 THIRD AVE. S.W., GLEN BUR	NIC, NO
BURIAL Bote therent NOV. 1. 191	22. VIOLENCE: If death was due of external causes, fill in the following;
17. Bu Ria La Date thereof (month) (day) (year)	Accident, suicide, or homicides Slew Burne P. 77 Marylan
Cemetery or crematory DLANFORD	Where did Injury occur? (City or town) (County) (State)
Location PETERS BURG, VA.	Injured at home, farm, Industry, public place (where?)
of a 15 Amorton	Meens of Injury . 32 Cal - Revolutinjured at work? Parage
18. Funeral director Lomes Woundard	1 Pm D 4 110 Deputy
Address Glew Dumle, Md.	23 SIGNATURE TOTHER M. X Caffe, M. D. Seguine
10/31 US I. ID all	M. D. or other
19	trar Address Aucapores Me Date signed 10 - 29 - 8

MARGIN RESERVED FOR BINDING

LAINLY, WITH UNFADING INK. Supply every item of information carefully. The coespecially important. Physicians: please write the causes of death clearly and legibly.



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

10129

### CERTIFICATE OF DEATH

Reg. Dist. No. 23

	Reg. Dist. 100
1. PLACE OF DEATH:  County AND ARY OF A CH  City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?.  Hospital, institution, or street address where death occurred:  How long in hospital or inslitution?.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give realdenee of mother)  State
3. (a) FULL NAME  ANNA DORA MA	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  MARCIED	MEDICAL CERTIFICATION  2D. DATE DF DEATH. Oct. 5- 19.48 at 1 a.
6,(b) Name of husband or wife #ARL SEPH MARTIN  6,(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  1947, to COL 5  1948  and that I last saw helds. alive on COL 4  Immediate cause of death Carouar Occurrent  DURATION  Weephrule 4 My cordet
9. Birthplace	Due to
14. Maiden name ANNIE LANG 15. Birthpiace BALTIMORE, MD 16. Informant MR EARL JOZEPH MARTIN	(Include pregnancy within 3 months of death)  Major findings of operations
Address ASBURY + CREEK ROS, TWIESA BE  17. BURGAL  (Burial, cremation, or removal, Which?)  Cemetery or crematory.  MEADOWRIDGE  Localion.  WASHINGTON, BLVD.  18. Funeral director.  VOHN F. DENNY, INC.	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Address 71.5 L16.HT 57 -30  19. (Date reg d by registrar) 19. 48 Registrar	23. SIGNATURE JAN 94. Phillips M. D. or other Address 33.0.7 Edmondson Date signed 94.6-194

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibles.

VS A15 9-4

WRITE

PLEASE

VATTOMOS N. Palleros 3307 Eparasien E. 2000 W1025 Surset 23 Wandalld -17 m. 12, et RECEIVED

### CERTIFICATE OF DEATH

		_			Reg. Dist. No	······································
1. PLACE OF DE	ATHArundel			2. USUAL RESIDENCE (HOME) ( (For newborn infants give residence of	OF DECEASED:	
County Annapolis					Anne Arund	el
City or town	Iapolls	limita write B	URAL and give nearest town)	Annapolis	ounty	
How long in above place	Lif	e	own and give nearest town,	City or town(If outside city or town limit	ts, write RURAL and give ne	srest town)
Hospital Institution of	street address where	death occurred	l:	Street No. 11 College Ave.		,
11 Col1	Lege Ave.				e LOCATION)	
How long in hospital or	Institution?			2.(a) If veteran, name war		***************************************
3. (a) FULL NAME					3. (b) Social Security	Number
	Mary	Elizabe	eth Natthews			
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	-0
Female	Colored	Mar	ried	20. DATE OF DEATH.	-27 44	103A
a (1) 11 (1) hand	James	Matthe	ews	21. I CERTIFY what death occurred on the date at	bove stated; that tottended deci	eased from
6.(b) Name of husband			~ ~ ~	001 20	44 10 0012	19.
			c) If alive, give ageyears	and that I last saw balive on	0-11-48	19
deceased (mo., day, y				Immediate sussel death	***************************************	DURATION
8. AGE: Years		Days	If less than one day	acroses		
37	3	111	hrs min.		(22202200000000000000000000000000000000	
Anna	apolis, A.	A. Co.	Nd.	Ove to Tweses	***************************************	
9. Birthplace. Annapolis, A. A. Co. Md. (Town, county, and state)			stste)	Emesis		
10. Usual occupation. Housewife				Oue to Probably du	e to gastro e	steritio
11. Industry or business None					J [12/23/4	18-051
			y	Other conditions		
12. Name William Henry Stepney  13. Birthplace W. Virginia			;			
			4	(Include pregnancy within 3	months of death)	**
14. Malden name.	meet y mie	2 2 0	3.4.3	Major findings of operations		
2 15. Birthplace	Anne Arun	del Co.	M.Q.		Oale of op	
16. Informant William Vaughn Stepney			ney	Autopsy results		
Address 36 Washington Street				PHYSICIAN: Please underline the cause to	which death should be charged	statistically.
				22. VIOLENCE: If death was due to external co	auses, fill in the following;	
Burial Burial (Burial, cremation, or removal, Which?)  Bate thereof 10-31-1948 (month) (day) (year)		Accident, suicide, or homicide	Date of			
Brewer Hill Cemetery		Where did injury occur?(City or town)		(04-4-)		
Vest Street Extended				The second secon		
Location Mrs. Charles E. Hacks				Injured at home, farm, Industry, public place (	Injured at work?	***************************************
						1 13
Address 43-1	+5 Northwe	est Stre	et	9 23. SIGNATURE 47	alley o	MU
19. Och 31	1948		Jonneth	1 /x Pinnel		or other
(Date rec'd by re	gistrar)	//	Registrar	Address		(4.7

BINDING FOR RESERVED MARGIN

ADING INK. Supply every item of i Physicians: please write the causes

PLAINLY, is especially

WRITE

PLEASE



DURATION

. 2411	N. Charles St., Baltimore
CERTIF	FICATE OF DEATH Reg. Dist. No
City or town	City or town
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Robert Emory 7	ME Clenahan 3. (b) Social Security Num
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce Married	MEDICAL CERTIFICATION  20, DATE OF DEATH
6.(0) Name of nuscand of wife and a second of wife and a second of the s	han 21. I CENTRY that death occurred on the date above stated; that attended deceased the 3 19.48 10
7. Birth date of deceased (mo., day, yr.) Ofrel 13 4 /874	and that I fast saw h
8. AGE: Years   John   Days   tf less than one day   15  hrs	min. Cartro Vasculos Vailura d
9. Birthplace Fown, county, and state)  10. Usual occupation Management A. Management	Reuh Dilatatione 1/hat
11. Industry or business of permissibal Station	Certinal Nyfetrusiace
12. Name	(Include pregnancy within 3 months of death)
14. Malden name auxo Fauso.	Major findings of operations
Address 1 08 ME Kendese and amakel	Autopsy results
17. Burial, eremation, or comoval, Which?)  Date thereo 2 80  (Burial, eremation, or comoval, Which?)	
Cemetery or crematory Drued Midge Cameta	Where did in jury occur?
18. Funeral director San San	Meens of injury tnjured at work?
19 NCh 3 10 1948 19	23. SIGNATURE CLUVY LUNCES M. D. or other Man

Registrar

Address.

MARGIN RESERVED FOR BINDING

A15

SA

19. Jef 2 10 1948 19 (Date rec'd by régistrar)



WRITE PLAINLY,

PLEASE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

### CERTIFICATE OF DEATH

r. Dist. No. L 4747

	Reg. Dist. No. O
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newhorn infants give residence of mother)  Slate
Judd Belton Mc Clure	246-12-3711
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced  Married	MEDICAL CERTIFICATION  20. DATE OF DEATH. October 2.3 19.48 21.1:30 P. M.
6.(b) Name of husband or wife	Due to
16. Informant  Address  209  Joplin One  17. (Burial, cremation, or remove) Which?)  Cemetery or crematory  Location  18. Funeral director  Address  19. (December of the property of the prop	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide

### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH

	ATE OF DEATH  Reg. Dist. No.
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Forgewborn infants give residence of mother)  State
3. (a) FULL NAME James Herbert	2.(a) tf veteran, name war
4. Sex Single, married, widowed, or divorced Maile Mfule Married  Married  Married  Montague  Montague	20. DATE OF DEATH 20. It is that death occurred on the date above stated: that attended deceased from
7. Birth dale of deceased (mo., day, yr.) Chrel 5 1880  8. AGE: Years Months Days If less than one day	and that I last saw h
5. Birthplace To Clown, county, and grate)	min.  Due to.
10. Usual occupation with the formula to the state of the	Bue to Bitter conditions Wither Selection - Carlier - 6 Man
12. Name 12.	(Include pregnancy with months of death)  Major findings of operations.
18. Informant John & Johnson January Address Chropapolis med oct	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or respect). Which?)  Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director John May Con Son	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
19. Oct. 20 19 48  (Date rec'd by registrar)  Regist	23. SIGNATURE WILL A WELL M. D. or ogier  tran  Address Wellagy M. D. bate signed 10 19 4

MARGIN RESERVED FOR BINDING



ADING INK. Supply every item of Physicians: please write the causes

PLAINLY, V

PLEASE

NS

BINDING

FOR

RESERVED

MARGIN

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95%

10133

### CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	Street No
3. (a) FULL NAME Charles C. Mye	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Male White Married	MEDICAL CERTIFICATION  20. DATE OF DEATH.  ON 16 19 46 21 7 29 N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  19. 4.5. to Oct 16. 19. 4.5.  19. 4.5.
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day	Immediate cause of death  authority of the condition of t
9. Birthplace	Due to.
10. Usual occupation. Recommendation of the Branch H. G. Myses Co. 11. Industry or business Hardware Store	Due to
12. Name	Dither conditions when which the Man alcoholecuse / in list, is  Men blood of the proposition of death)
14. Maiden name Clinglett Harble 15. Birthpiace Q. Q. Co. Maryland	Major findings of operations
16. Informant	HYSICIAN: Please underline the cause to which death should be charged statistically.
Address  17	22. VIOLENCE: It death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Calle Mr Taylor la	Means of Injury Injury Injured at work?
18. Funeral director  Address Olimayalis Marylans	23. SIGNATURE S-Bornsuch M.D
19. Oct 18 19 48 The Property of the Charles of the	23. SIGNATURE M. D. or other  Address Date signed 1.0.117 48



correct age

## PLEASE

WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10134

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH  County  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For no description fants give residence of mother)  State
How long in hospital or institution?	
3. (a) FULL NAME William 72	3. (b) Social Security Number
1. Sex   5. Color or race   6.(a) Single, married, widowed, or dispreced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  19.48 at 57.45
6.(b) Nams of hueband or wite. Sathlet G. Politic	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.7. to 10-10-19.
7. Birth dats of deceased (mo., day, yr.)  8. AGE: Yeare   Months   Days   It less than one day	and that I last saw h alive on 9-18 DURATION
5-6 I	with Congestore failing
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation	Due to
11. todustry or business  12. Name Richard Male  13. Birtholace	Dither conditions
14. Malden name Malden name Manuels  15. Birthplace Manuels	(Include pregnancy within 3 months of death)  Major findings of operations.
Salule Challe	Autopsy results
Address Best Ball	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burlal, cremation, or removal, Whith?)  Bale thereof. (mooth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Challes Chaffed	Whers did injury occur? (City or town) (County) (State)
Location Avenue Class	Injured at home, farm, Industry, pub <sup>11</sup> c place (where?)
18. Funeral director	6-8-4.70
Address January 2	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address / Caroll Date signed 0-13-8,

BUREAU V. 8.

OCT 14 1948

AND THE RESERVE OF THE PARTY OF

2411 N. Charles St., Baltimore

10135

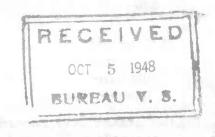
### CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Rusal - Mear Rista	State Manyland County Anna Arundal
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
lospital, institution, or street address where death occurred:	Street No. U.S. havel academy
Rive Rd.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Richard Lawrence 1	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w s	2D. DATE DF DEATH. 6 4. 2 1948 21 12'A.
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	15 10
7. Birth date of deceased (mo., day, yr.)  Jan. 27, 1929	and that last our in the on the one
8. AGE: Years Months Days It less than one day	Immediate cause of death
19 8 3hrsmin	· Certal hambak
9. Birthplace Buffalo New York (Town, county, and state)	Due to.
TICN	Luculin of hum
HSN	Due to
11. Industry or business	
12. Name William Neilsen  13. Birthplace unknown	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Unknown  15. Birthplace Unknown	Major findings of operations.
	Autopsy results Autopsy result
16. Informant United States Navy Record Address Annapolis, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Removal Dale thereof Octo er 4,48 (Buriol, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Ithaca, New York	Whera did injury occur?
Location	tnjured at home, farm, industry, public place (where?)
18. Funeral director. Ben L. Hopping and Son	Manny of Injury to a second of the second injured at work? The
Address 170-172 West St. Annapolis Md.	A P.T. P.+1 . WA
	M. M. or other
19. Oct. 19.48 — Over (Date rec'd by registrar) Registrar	ar Address Date signed Oct 3, 114

RESERVED FOR BINDING MARGIN

A15 NS



or the secondary

A STATE OF STATE OF STATE OF

v - /- .

2.0

AND RESIDENCE AND PROPERTY OF

The state of the same of the s

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

Rich2650n

The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10136

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Association	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infanta give residence of mother)
City or lown Annual bales	State Many County Space States
(If outside city or town limits, write RURAL and give nearest town)	City or town. (If outside city or town limits, write RURAL and give nearest town)
How tong In above place of death?	11 DUISME CITY OF TOWN HINTES, WHITE HOLEAN SING BY THE RESE WHITE
nuspiteit, interitution, or street agreement to	Streel No. (1f rural, give LOCATION)
How long In hospitat or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME Mamie Parker	3. (b) Social Security Number
4. Set   5. Color ar race   6.(a)Singla, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colonial married	20. DATE OF DEATH October 2.k, 19.45 21 5120 P. 1
8.(b) Nama of husband or wife. At illing Surker	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth data of	and that I last saw han alive on 6 of 2 6
deceased (mo., day, yr.) fund. ; i, 1000	Immediate cause of death
8. AGE: Years Months Days It less than one day	000
60 4 min	Dioreno- Commission o days
9. Birinplace (Town, county, and atate)	Due to OO
1 M	
10. Usual occupation	Due to:
11. Industry or business	
12. Name 12.	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name Autice Addition 15. Birthplace MA	Major findings of operations
E 15 Birthplace MA	major nadures of operations.  Date of op.
Il illian In land	Autopsy results
18. Informant	PHYSICIAN: Please puderline the cause to which death should he charged statistically.
Address 27 Pleasant of Gunkfolis my.	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?)  Bale tharaot. Mk. (month) (day) (year)	Accident, suicide, or homicide. Date of
Cemetery or crematory Believe Hill	Whera did Injury occur?(City or town) (County) (State)
Location Sanappoles mil.	Injured at home, farm, Industry, oublic place (where?)
18. Funeral director. IB. Johnson	Maana of Injury Injured at work?
Address Gunapolis Inf. Q.O. Boy 462	- 23. SIGNATURE ACT RELIGION (
19. Och 29  (Date rec'd by registrar)  Registra	118 - 00 A Que Roll Of M. D. or other

ETERS HOSER 1



10137

### CERTIFICATE OF DEATH

Reg. Dist. No. 21

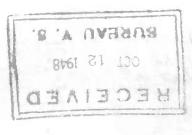
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
county	1 1
City or town	State May and County Omna abundy
How long in above place of death? 3.3 Days	(If outside city or town limits, write RURAL and give nesrest town)
Hospital, institution, or street address where death occurred:	Street No. Barbield Rd.
Emergency Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F w S	20. DATE OF DEATH Oct. 11 19 48 21 135 A.
9 (b) Name of husband or wife Sees yle	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(O) Hamil of Hissosine of Wife	Oing. 20 1948, 10 Oct. 11 1948
7. Birth date of	and that I last saw h. e. alive on Oct . 10
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	
77 4 5nin.	Cardinapuratory failure
9 Rithplace Chisago Ill.	Due to
(Town, punty, and state)	Cateinana of careum
10. Usual occupation.	Due to.
11. Industry or business	
12. Name Thomas C. Perkus	Other conditions
12. Name Thomas C. Verbus  13. Birthplace Congland	
	(Include pregnancy within 3 months of death)
14. Maiden name Farabise C. Strakes  15. Birthplace Empland	Major fiediogs of operations
E 15. Birthplace Confland	
16. Informant J. C. C. S. C.	Antopsy results.
Addison 322 C. 57 St New Mrs CI	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Raman) (bet 11 = 1/9)	22. VIOLENCE: It death was due to external causes, fill in the following;
(Bural, cremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Checan Ill	Injured at home, farm, Industry, public place (where?)
Lucation	Means of Injury Injured at work?
18. Funeral director	
Address Comapyle 194.	POSTER NET 1
O. + 11 US PRIOD Z	23. SIGNATURE M. D. Jor other
19	Address Omnaroli Md. Date signed och 11, 194

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cispecially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

NS

MARGIN RESERVED FOR BINDING

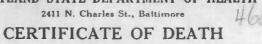


WRITE PLAINE

PLEASE

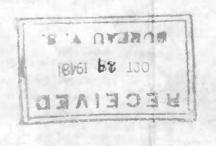
VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH



Reg. Dist. No. ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother)	
County Anne Arundel	State Maryland County Allegany	
City or 10wn Crownsville (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 7 days	City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 26 Bedford St.	
Crownsville State Hospital	(If rural, give LOCATION)	
How long in hospital or institution? 7 days	2.(a) If veteran, name war.	
3. (a) FULL NAME  MARTIN LUTHER POWELL	3. (b) Social Security Number	
4. Sex   5. Coor or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male Negro Widowed	20. DATE DF DEATH October 27 19 48 ,at 11:35a	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 20 19 48 0ctober 27 19 48	
7. Birth date of	iman October 27	
deceased (mo., day, yr.) 1883	Immediate cause of death Carcinoma of the Rectum DURATION	
8. AGE: Years Months Use It less than one day	known to us since 10/20/48	
9. Birthplace	Due to	
1D. Usuat occupation. Porter	Due to	
11. Industry or business		
12. Name Martin Luther Powell 13. Birthpiace Unknown	Other conditions Psychosis with Exhaustion	
	Delirium (Include pregnancy within 3 months of death)	
E 14. Maiden name Christy		
14. Malden name Christy  15. Birthplace Unknown	Major findings of operatious.	
	Date of op	
16. Informant Hospital Records	Autopsy results	
Address Crownsville, Maryland		
(Burial, cremation, or remayal, Which?)  Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Mediatrit delition of the mediatric and the medi	
Cemetery or crematory Cumulational	Where did Injury occur?	
Location	Injured at home, farm, Industry, public place (where?)	
18 Funeral director Isanish & Brown & Son	Means of injury Injured at work?	
Address 108 W montgomery It	23. SIGNATURE alab Muyacuste n.	
19. (Date rec'd by registrar) 19.45 Registrar	Address Grownsville, Md. Date signed. M. D. or other 27/48	



MARGIN RESERVED FOR WINDING

VS A15

9-45-15M

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

10139

### CERTIFICATE OF DEATH

83a Reg. Dist. No. 21

1. PLACE OF DEATH: Anne Arundel Co.			. Co.	2. USUAI. RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
County			***************************************	state Maryland county Anne Arundel	
City or town(I	f outside city or town	US limits, write H	URAL and give nearest town)		
How long in above pla	ice of death? 2	Years	6 los.	City or town Earleigh Heights  (If outside city or town limits, write RURAL and give nearest town)  Street No. Earleigh Heights near—Annapolis  (If rural, give LOCATION)	
Hospital, institution,	or street address where	death occurred	J:		
Farter	gh Heights	, MQ.			
How long in hospital or Institution?			***************************************	2.(a) It veteran, name war.	
3. (a) FULL NA	ME Pauline I	2		3. (b) Social Security 1	lumber
	rauline i	tuiiin		None	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	Colored	Mar	ried	Oct 5 41	9330
	Carf	ield Ru	ffin	20. DATE OF DEATH	21
6.(b) Name of husba	nd or wife			21. I CERTIFY that death occurred on the date above etated; that I attended decea	eed trown
	***************************************		e) It alive, give ageyears	and that I last saw h lalive on 7	(
" Birth date of	y, yr.) July 30	. 1893			
	ars   Months	Days	It less than one day	Immediaic raise of death wascular	DURATION
C. A. C. Control of the Control of t	35 2	5		ale dell	********************
		1	1	~~~~	***************************************
9. BirthplaceU	(Town	eounty, and	state)	Due to	100110000000000000000000000000000000000
4B. Naval assumation					44 41 11 0 11 4 4 4 4 4 4 4 4 4 4 4 4 4
10. Usual occupation. Housewife.			*	Due to	
11. Industry or busin	nknown				***************************************
12. Name				Dther conditions	•••••
	Unknown			(Include pregnancy within 3 months of death)	
14. Maiden nan	Unknown				
15. Birthplace	Unknown			Major fiedings of operations.	
Garfield Ruffin					
16 Intermant Earleigh Heights				Actorsy results	
Address				22. VIOLENCE: tt death was due to external causes, till in the following:	
Buria	<u>L</u>	Date ther	eof	Accident, suicide, or homicide	
(Burial, cremati	on, or removal, Which				
Cemetery or crematory Earleigh Heights				Where did Injury Occur? (City or town) (County)	(State)
Location Earleigh Heights, Maryland				Injured at home, tarm, Industry, public place (where?)	
Mrs. Charles E. Hicks			Hicks	Means of injury Injured at work?	
			Ctasst	1.7 000	
Address	43-45 No	rthwest	1	23 SIGNATURE CLECON	
10 Oct	. 8 , 4	8	- 1-treuch	M. D. C	other May
(Date ree'd by	registrar)	70	Registrar	Address	

LEASE WRITE PLAINLY, WITH UNFADING INF. Supply every item of information carefully. The correct is especially important. Physicians: please write \*\*:e causes of death clearly and legibly.

RECEIVED

OCT 11 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)
City or town West Consuposa	State Many County Change Change
(If outside city or town limits, write RUR L and give nearest town)  How long in above place of dealh?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 11 Ofandall
How long in hospital or Institution?	2.(a) If veteran, name war war world war I
3. (a) FULL NAME	Lield 3. (b) Social Security Number
Toland N. Say	
Mule White Marked	MEDICAL CERTIFICATION  20. DATE OF DEATH OCTOBER 10, 1948 31 28
6.(b) Name of husband or wife fatherine & Saffiald	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Sirih dale of	The state of the s
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
57 6hrsmin.	
9. Birthplace	Due to Hyperleusive Cardio -
10. Usual occupation Chauffour	Due to
11. Industry or business 11. S. Maral Cladenny	
12. Name Jeonge 13. Birthplace	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
16. Informan Mas Vatherine & Saffield	Autopsy results.
Address & Randall St W. Carollet St. M.	PHYSICIAN: Please nuderline the cause to which death should he charged statistically.
Brical Date thereof Opel. 13-48	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burial, cremation, or pemoval. Which?)  Cemetery or crematory (March?)	Where did injury occur? (City or town) (County) (State)
Location arlington Va	Injured at home, tarm, Industry, public place (whore?)
18. Funeral director Doland My Jan Con - Sone	Meens of injury
Address Almahord 274.	James ( Tharter , Mill
1. Oct. 13 1. 48 M- Januch	23. SIGNATURE M. D. or other  M. D. or other  M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed

MARGIN RESERVED FOR BINDING

The correct age

PDEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cise specially important. Physicians: please write the causes of death clearly and legibly



10141

A CERTIFIC	CATE OF DEATH Reg. Diat. No
County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For obsolve infantative residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and prognearest town)  Street No.  (If rural, gir LOCATION)
How long in hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME Terrge Lay	Fon Smith 3. (b) Social Security Number
4. Sex School or roge 6.(a) Single, married, wildowed, or diversed Smale Principle	MEDICAL CERTIFICATION  20. DATE OF DEATH  DEFFEL 27.19.48 21.75 M
6.(b) Name of husband or wife S.(c) It alive, give age	years 21. I CERTIFY that death occurred on the date above stated that I attended deceased from the state of t
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Month Days If less than one day 29hrs.	min. Coronary Occlusion Pullu
9. Birihplace (20 wn, county, and state)  10. Usual occupation.	Due to Correct Delevers untainer
11. Industry or business / Truck	Due to
12. Name Newry 7. Smeth	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Eveluge Durner  15. Birtholace Seven Ind	Major fiedings of operations.
18. Informant Miss Eva Orene Smith	Autopsy results.
Address Severn, Mary land	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 BURIAL (Burial, cremation, or removal, Which?)  Bate Ihereof ObT. 30, 1945 (month) (day) (year	22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide
Cemetery or crematory FRIEND SI+ip	Where did injury occur?
Location Olo FT. MEADERD, AT, New Aix Por	Injured at home, tarm industry, public place (where?)
18. Funeral director Thomas W. Auglitur	Means of injury Injured at work? Deposits
Address Glew Burnie, Md.	23. SIGNAVOR THE MIN RESIDENT M. D. Cranina
19. Out 3P 19. 48 Regi	strar Addres Amapolio/Med Date signed 10-27-48

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important, Physicians: please write the causes of death clearly and legible

PLEASE WRITE VS A15



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No.

	208. 200.
1. PLACE OF DEATH:  County  Cily or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME  4. Sex   5. Color or face   6.(a) Single, married, without of divorced	3. (b) Social Security Number  MEDICAL CERTIFICATION
J. Cfl. Married	20. DATE DE DEATH October 25-1948, 216 22 P. M
6.(b) Name of husband or wife.  6.(c) If alive, give age years	21. I CERTIFY that deathy occurred on the gate above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Way 11, 1890	and that f fast saw h. L.A. alive on OCT - 2.4 19. T. Immediate caose of death
8. AGE: Years Mooths Days If less than one daymin.	Hypertension 3m.
9. Birthplace (Town, county, and atate)	Due to arterisclerois 3,4
10. Usual occupation.	Due to
11. Industry or business	Usalmia: due 5 Coan.
Z 13. Birthplace Unburn	Other conditions  Sligh Bland Cressure
14. Malden name ? Harbing  15. Birthplace, Sarroll G., Mile	(Include pregnancy within 3 months of death) (1/25/47)3.  Major fieldings of operations.
15. Birthplace Warroll Cy. Mic	Date of op.
16. Informant Carachelia CA.	Antopsy results
Address Date thereof Od-29'48  [Barial, cremation, or removal, Which?]  [Barial, cremation, or removal, Which?]	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory. Which the state of th	Where did injury occur?
Location VIII - and VIII -	fnjured at home, farm, industry, public place (where?)
18. Funeral director, he w.C. w atte	Means of injury fnjured at work?
Address havely with	23. SIGNATURE Mankshipley, M.D., or other
19. Use a definition of the confidence of the co	Earoel, Web. 10/28/48.



The

ALTIMORE	CITY	HEALT	H DEP	ARTME	VT
CERTIE	CA	TE C	E D	FATH	

4a	Registered	No.	
		20.00	

- 4		
8	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
ilg	(a) Baltimore City, Maryland	I was med
귶	ORCHARD BEACH-Md	(a) State (b) County
S	(c) Hospital or institution:	(c) City or town ORCHARD BEACH
Į.	(c) 1100pinii of Indications	(If outside city or town limits, write RURAL and give town)
fu]	***************************************	(d) Street No.
carefully legibly.	(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)
62		(e) Citizen of foreign country?(Yes or No)
] e	(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country
dan	3 (a) FULL NAME	YAN TO SENIOR
no M	3 (a) FULL NAME GEORGE Leo SUIII	MAIN, JR
should be	3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
on	No.	
tio h		20. DATE OF DEATH OCT - 15 19\( \frac{19}{8} \), at M
na		
orn e	MALE WHITE divorced MARRIED	21. I certify that I took charge of the remains described above, held an
nf	6 (b) Name of husband or wife MATTIE L. Sulliva N	thereon and from the evidence obtained
es i		Autopsy, Inspection or Inquiry
or	6 (c) If alive, give age years	by said Autopsy Inspection or Inquiry, find that said deceased came
Every item of write the causes	7. Birth date of deceased (mo., day, yr.) Sep7. 21-1882	And a de la
it	8. AGE: Years   Months   Days   If less than one day	todeath on the day stated above, and death in my
t t		opinion resulted from: natural causes [], accident [], suicide [],
ite	66 - 24 In. min.	homicide [], undetermined [] and that the causes of death were:
	9. Birthplace BALTO - Md	IMMODIATE CAUSE OF DEATH
INK. please	(Town, county, and state)	
N S	/ Da =	Lononary Vascular Lisease
Tid	10. Osdar Occupation	
UNFADING Physicians:	11. Industry or business	
DI	# 12. Name John Sullivan	Due to
A		
N S	13. Birthplace / Reland	
54	14. Maiden Name JO HANNA BURITS	Other Conditions
田		
WITH rtant.	E 15. Birthplace /Re/ANG	(Include pregnancy within 2 months of death)
T. W	16 (a) Informant Geo. D. Sullivary JR	The control of the co
K,		22. If an external cause was primary or contributing cause of
Fi.E.	(b) Address ORCHARD BEACH	death, fill in the following:
AINLY, WITE		(a) Date of injury
rE PLAIN especially	17 (a) BURITAL (b) Date thereof (month (sear))	
E 5	(Burial, cremation, or removal) (month) (57) (500)	(b) Where did injury occur?
TE	(c) Cemetery or crematory New CATHEDRAL	(c) Did injury occur at home, on form, industrial place, in public
VRI is	Location Till 1997	place? While at work?
age	18 (a) Funeral director THOMAS J. KeNNY. /NO	(d) Means of injury A
SE	(b) Address 1600 Hollows ST	23. Signaturo Dhy At Davis, M.D.
EA.	1.6 C 11. 11. 1	Medical Examiner.
LI	19 (a) 10 18/48(b) A.W. ) Ledwick	Date signed 10/15/48
PIO	(Date roled by western) Revistor	

VS A15

VS 151

10145

## CERTIFICATE OF DEATH

Reg. Dist. No. 23

1. PLACE OF DEATH:  County		RAL end give nesreet town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)  Md. County Anne Arunde: City or town Glen Burnie, S. W. (If outside city or town limits, write RURAL and give neares 106 Crain Highway  Street No. (If rurat, give LOCATION)  2.(a) If veteran, name wer.	ot town)	
3. (a) FULL NA	ME		MARY ELIZABET	H SOMMERVILLE THORNTON 3. (b) Social Security Nu	mber
female	5. Color or raco white	6.(a)Single	married, widowed, or divorced widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH	& P.
7. Birth date of decessed (mo., de: 8. AGE: Ye 8.7  9. Birthplace	mese James P. Worth Months  7  Belto Md (Town House)  James P.  W. Va	March Days 25 county, and st	tf alive, give ageysere 4, 1861 If loss than one dayhrsmin.	and that I last saw h. A slive on	19.4/ 10.4/ DURATION 2. grass 2. grass
15. 9irthplace		T. Mor	gan 7, S.W. Glen Burn	Mejor findings of operations	
(Burial, cremati	Burial  lon, or removal. Which  alory Woodla  WM. J. '  Balto., Ma	pato there awn Cem. wn, Md.	11/2/48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes: till in the following:  Accident, suicide, or homicide	State)

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Inbest especially important. Physicians: please write the causes of death clearly and legibly

A15 SA WRITE

PLEASE

(Day rec'd by registrar)

UNFADING INK. Physicians: please

PLEASE WRITE PLAINLY, WITH correct age is especially important.

MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied: write the causes of death clearly and legibly.

## 203

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

l e	1	- 02	
1	1	01	
10	J	L.A.	-

Registered No.

OEKTII 10/KT	10148
1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address. 3.10 Clegarith and	2. USUAL RESIDENCE OF DECEASED: (a) State (b) County a a . C. ms
(c) Hospital or institution:	(c) City or town Palysses a. a. w md (If outside city or town limits, write RURAL and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No.3.1.0. (Prural give location)  (e) Citizen of foreign country? (Yes or No)  If yes, name country
3 (a) FULL NAME John Stemmer Ve	mes - the way of the said
3 (b) If veteran, name war 3 (c) Social Security Account No.	20. DATE OF DEATH OCT 1948, and M
4. Sex  5. Color or race 6 (a) Single, married, widowed, or divorced widow	21. I certify that death occurred on the date above stated; that lattended deceased from 19 12, to 14 19 49
6 (b) Name of husband or wife	and that I last saw he alive on O 1919 19 8  Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) 1873  8. AGE: Years Months Days If less than one day hr. min.  9. Birthplace (Tayen, county, and state)	Due to Alberta
11. Industry or business  12. Name Servel June  13. Birthplace are policy and	Other Conditions  (Include pregnancy within 3 months of death)  Date of operation:  Major findings of operation:  Underline the cause to which
14. Maiden Name	of autopsy: death should be charged statistically.
(b) Address 310 Elisabeth ave	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or homicide
(Burial, cremation, or removal)  (C) Cemetery or crematory  (C) Cemetery or crematory	(b) Date of occurrence
(b) Address Supply 3 Wilson	(Specify type of place)  (e) Means of injury  23. Signature  M. D.
(Date red d by redistrar)	Address 203 Salaffer & Date signed

VS 150

2411 N. Cha	arles St., Baltimore 92
CERTIFICA	ATE OF DEATH Reg. Dist. No. 2
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County County Order  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) if veteran, name war.
3. (a) FULL NAME James albert	Stard 3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced  Male Thib Married	MEDICAL CERTIFICATION  20. DATE OF DEATH. 21 6
7. Birth date of deceased (mo., day, yr.) Left. 20, 1890  8. AGE: Years Months Days if less than one day hrs. ml  9. Birthplace Trendship (Town, county, and state)  10. Usual occupation Carpender  11. Industry or business U.S. Gov T.  12. Hame Wellemy Wand  13. Birthplace day Throw	Immediate cause of death Dun Henron Reg 4
14. Maiden name Lawra Ame Crosby  15. Birthplace don't know.  16. Informant M. Estelle Analysis Address Deale, Mod.  17. Estival  (Burial, cremation, or removal Which?)  Cemetery or crematory.  Location Mod. Quaker B.	Major findings of operations.  Date of op.  Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide.  Whers did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)
18. Funeral director Ribelia Bross. Strong	Mesns of Injury  Injured at work?  As Signature Council Market Market M. D. prother



Evidence for change of age

1. PLACE OF DEATH:

3. (a) FULL NAME

Female

7. Birth date of deceased (mo., day, yr.)

8. AGE: 41

65 ?

9. Birthpiace ....

10. Usual occupation

14. Maiden na 15. Birthplace

11 Industry or business

12. Name .... Abe Wenn 13. Birthplace Georgia

6.(b) Name of husband or wife.

shown on:

How long in above place of death? ..... 6 Months 12 I Hospital, institution, or street address where death occurred: Crownsville State Hospital

Charlotte Wen

Negro

Months

Maryland

Unknown

14. Maiden name .....Frances Ann Bluebe Unknown 16. Informant. Hospital Records

Crownsville State Hosp

(Town, county, and state)

6.(a)Single, marrie

Sir

How long in hospital or Institution?.. .....

Anne Arundel Crownsville
(If outside city or town limits, write RURAL

# BINDING FOR Supply ease wri RESERVED MARGIN

PLAINI

WRITE

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

19.48

DURATION

...Date signed .....

CERTIFICAT	E OF DEATH	Reg. Dlat. No
	2. USUAL RESIDENCE (HOME) 0 (For pewhorn infants give residence of	F DECEASED:
and give nearest town)	State Maryland Con	Anne Arundel
ays	City or town Annapolis (If outside city or town limit Sireet No. 112 Washington S	s, write RURAL and give nearest
	2.(a) If veleran, name war.	LOCATION)
	2.(u) II relean, name wat	3. (b) Social Security Num
d, widowed, or divorced	MEDICAL C	ERTIFICATION
ngle	20. DATE OF DEATH October 12,	
	21. I CERTIFY that death occurred on the date about 19.	
give ageyears	and that I tast saw h.eralive on Oct.C	ber 12,
ss than one day	Generalized Arterioso	
hrs min.		known to us since
	Due to.	
	Due to	
	Dther conditions	
	(Include pregnancy within 3	months of death)
ard	Major fiedings of operations.	
	Autopsy results	
ital 15 48	22. VIOLENCE: If death was due to external ca	uses, fill in the following;
10 15 48 (month) (day) (year)	Where did Injury occur?(City or town)	
lis, md.	(City or town) Injured at home, farm, Industry, public place (v	
se II	Means of Injury	Injured at work?
2 4/ 2 2	23. SIGNATUHE CONTROL	auta in
. 1 . 1		M. D. or ot

SA

PLEASE WRITE PLAIN

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

E OF DEATH	Reg. Diat. No.
2. USUAI. RESIDENCE (HOME)	OF DECEASED:
State Maryland c	ounty
City or town Baltimore (If outside city or town limit	its, write RURAL and give nearest town)
Streel No. Unknown (If rural, giv	ve LOCATION)
2.(a) If veteran, name war.	
	3. (b) Social Security Number
MEDICAL O	CERTIFICATION
20. DATE OF DEATH October 1	19 48 at 6:00a m
and that floot saw h im alive on Oc	48 10 October 1 19 48 ctober 1 19 48
Immediate cause of death General	al Paresis DURATION
Known to us	since 6/25/48
Due to	
Due 10	
***************************************	
Diher conditions	
(Include pregnancy within	8 months of death)
Autopsy results	
PHYSICIAN: Please underline the cause to	which death should be charged statistically.
22. VIOLENCE: If death was due to external c	auses, fill in the following:
Accident, suicide, or homicide	Date of
Where did Injury occur?(City or town	) (County) (State)
Injured_at home, farm, Industry, public place (	(where?)
Means of injury	Injured at work?
B. SIGNATURE COCAL NO	recurte his.
Crownsville, Md	

		CERTIFICAT
1. PLACE OF	DEATH: Anne Arund	el
City or town	3	imits, write RURAL and give nearest town)
Crownsv	, or street address where ille State H	ospital
How long in hospile	al or Institution?3	months
3. (a) FULL NA		OHNNY WESTRAY
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single
6.(b) Name of husb	and or wife	
7. Birth date of deceased (mo., d		1891?
8. AGE: Y	ears Months	Days If less than one day

(Town, county, and atate)

Laborer

Unknown

Unknown

Hospital Records

Crownsville, Md.

(month) (day) (year)

Unknown

Unknown Unknown .

10. Usual occupation. 11 Industry or business

13. Birthplace

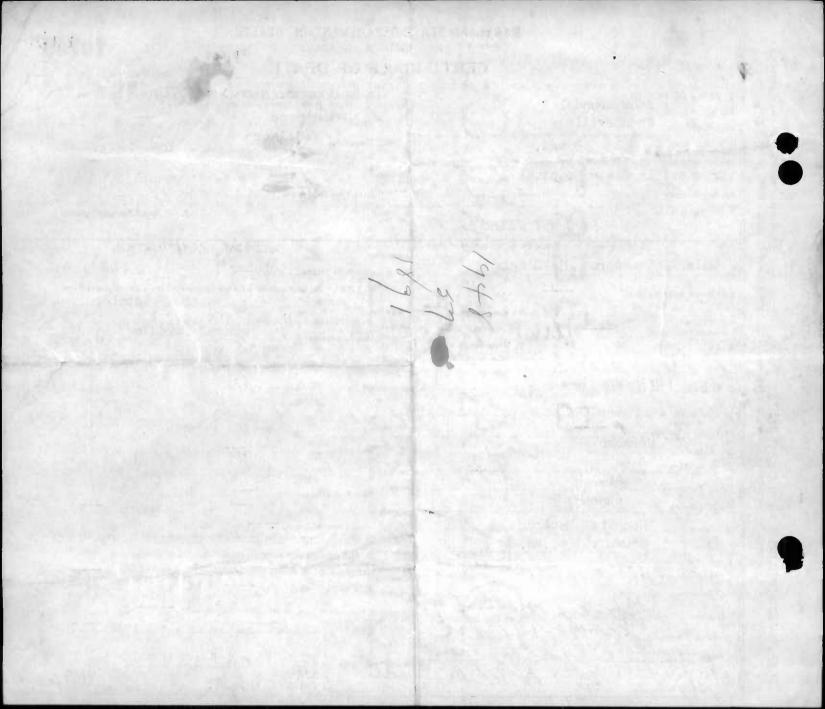
14. Maiden name

14. Maiden na 15. Birthplace

16. Informant

Address

18 Funeral directo



#### 2411 N. Charles St., Baltimore

CERTI	FICATE OF DEATH Reg. Diat. No
County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For resplore in lotts give residence of mother)  State
How long in hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME Parl Hardinard	Wilde 3. (b) Social Security Number 220 16 507
4. Sen 5. Color or race 8. (a) Single married, widowed, or divo	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I alfended deceased from    4
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	and Seff I last saw h
9. 8irthplaceShady Sicke	Due to service inevaluated.
10. Usual occupation	Oue to
12. Name	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name. Cugutta Camellas  15. Birthplace  Sensory	Major findings of operations.  Date of op.
16. Informant. Margaret M. Wille	Autopsy results  PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
17. Burnal, cremation, or removal Which?)  Date thereof. (ponth) (day)	
Cemetery or crematory of years of the control of th	Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)
18. Funeral director Address	Means of Injury Injured at work?
Address  19. Ct. 25 19 48 19 19 19 19 19 19 19 19 19 19 19 19 19	23 SIGNATURE M. D. or other  Registrat Address Cos part, M.D. bate signed 19/22/4

FOR BINDING RESERVED MARGIN age



	1	lly supplied.
		n should be carefulearly and legibly
MANGIN MESENVED FOR BINDING	MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied.
T TT A VECTOR	RESERVED	INK. Every
MARKIN	MARGIN	UNFADING Physicians:
	Œ	LAINLY WITH
ore or	1	PLEASE WRITE Forrect age is espec

H

BALTIMORE CITY HE	ALTH	DEPART	MENT	
CERTIFICATE	OF	DEAT	TH /	70%
	n Her	TAL DECIDA	CHCE OF	Drac

Pac	:		-3	No.
neg	IST	cre	er.	IAO+

D.	Wa.
te Bay	(a) State
	(c) City or town Norfolk,
	(If outside city or town limits, write RURAL and give town)
•	(a) Street 140
	(e) Citizen of foreign country?(Yes or No)
	If yes, name country
1.7	
847	MOGNALILL
Account	MEDICAL CERTIFICATION
	October 20 /8 9 A.
owed, or	20. DATE OF DEATH 19 19 M
orrea, or	21. I certify that I took charge of the remains described above, held an
	In sneeting
	Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry
years	by said Autopsy Inspection or Inquiry, find that said deceased came
1887	to
day	death on the day stated above, and death in my
min.	opinion resulted from: natural causes [], accident [], suicide [],
	homicide [], undetermined [] and that the causes of death were:
	IMMEDIATE CAUSE OF DEATH.
	Alsowning
39	D
	Due to
	Other Conditions
200	(Include pregnancy within 3 months of death)
c, Va.	22. If an external cause was primary or contributing cause of
-9 000	death, fill in the following:
10-48	(a) Date of injury 10-19-48 at 6:30 P. M.
(":00:)	(b) Where did injury occur? 7th Ft. Knoll, Chesapeake
	(c) Did injury occur at home, on farm, industrial place Via public
	place? Public While at work? Mes
Seur s'	(d) Means of injury Prowning
	(a) Means of Higher A
dui	Signature Honge G. Herrilam.D.  Medical Examiner.
A STATE	Date signed 10/20 /46
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

Bahinnore City, Maryland Knoll, Chesapeak (b) Street address. (c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or dass)... 3 (a) FULL NAME Bunion 3 (b) If veteran, name war 3 (c) Social Security No. 5. Color or race White 6 (a) Single, married, wide divorced. Married Anna May Haskett 6 (b) Name of husband or wife 6 (c) If alive, give age 7. Birth date of deceased (mo., day, yr.) January 8. AGE: Years Months Days If less than one 61 .....br. Hyde County, N. C. 9. Birthplace. (Town, county, and state) 10. Usual Occupation Sea Capt. 11. Industry or business Eastern Trans. Compa 12. Name. 13. Birthplace 14. Maiden Name... 15. Birthplace Mrs. Annie H, Williamson 16 (a) Informani. 4202 Granby St., Norfoll (b) Address 17 (a) Burial, cremation, or removal) (c) Cemetery or crematory. Location... 18 (a) Funeral director... VS 151

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

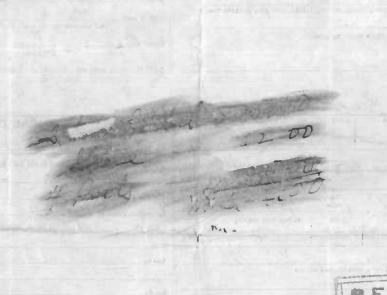
13/01

10152

## CERTIFICATE OF DEATH

g. Dist. No. 26

	ace a second and a second		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
County County	Cho 1 . C. A		
(If outside city or town limits, write KURAL and give nearest town)	State County County		
1	(If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?			
nospital, marriation, or attool aggress whole gestin organica.	Street No.		
	(If rural, give LOCATION)		
How long in hospital or instilution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Elmer Ascar Window			
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W married	20. DATE DE DEATH. 14 Oct 18 4/8 01 1-25/2 M		
abo Po Mallatil			
8.(6) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
5.(c) It alive live age 42 years	14 Det 19 48 19 14 Det 19 48		
7. Birth date of	and that I last saw h. 1. 21. alive on 14. OTT 15.		
deceased (mo., day, yr.) Feb 12 1891	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day	RA Bland Failure a veling 3 Jan		
5/ 8 /hrsmin.	The state of the s		
600-0. 00 C. and	2/17		
8. Birthplace (Town, exanty, and state)	Due to And All Mit Conference Unit		
10. Usual occupation Waterman			
IB, USUAI OCCUPATION	Due to		
11. Industry or business			
12. Name Alan Nundsell	Other conditions Jana Jananaha January 24 has.		
13. Birtholace / Easter Share, Md			
M 2 1. Dag 111	(Include pregnancy within 8 months of death)		
E 14. Maiden name Del Character and March all	Major findings of operations.		
2 15. Birthplace Usek			
the the Ward			
16, Informant	Autopsy results		
Address blest md - 1	PHISICIAN: Hease underine the cause to which death about he charged statistically.		
Que id 17-1948	22. VIOLENCE: If death was due to external causes, till in the tollowing:		
Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide		
March Va Contain	Where did injury occur?		
Cemetery or crematory.	Where did injury occur?		
Location Sallsville 1990	tnjured at home, farm, Industry, public place (where?)		
- Mandestil + Son	Means of Injury Injured at work?		
18. Funeral director			
Address Salesville VIII	23. SIGNATURE LAND DATE COM		
Oat 16 10 0 A Dout	23. SIGNATURE M. D. M. D.		
(Date rec'd hy registrar)	Address Whey May Word My Date signed 14/ Addys		



RELANDED STATE OF THE PARTY OF

